P01000120024

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000025167 3)))

H13000025167 3ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

FILED
2013 FEB -1 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

RE-SUBMIT
Please retain original filing
Cert of Existence 2

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

COR AMND/RESTATE/CORRECT OR O/D RESIGN
RECREATION INSURANCE MANAGEMENT, INC.

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	$35.00

RECEIVED
13 FEB -8 AM 8:11
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FEB 8 2013
T. LEWIS

Amend RC

Electronic Filing Menu Corporate Filing Menu Help

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: RECREATION INSURANCE MANAGEMENT, INC.

DOCUMENT NUMBER: P01000120024

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALAN W Gilbert
Name of Contact Person

Recreation Insurance MANAGEMENT
Firm/ Company

11126 Shady Oak Street
Address

Orlando FLORIDA 32832
City/ State and Zip Code

ALAN@ALANWGILBERT.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALAN W Gilbert at (407) 920-1002
Name of Contact Person — Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ $35 Filing Fee

☐ $43.75 Filing Fee & Certificate of Status

☐ $43.75 Filing Fee & Certified Copy (Additional copy is enclosed)

☐ $52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

February 1, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECREATION INSURANCE MANAGEMENT, INC.
5810 HOFFNER AVE, STE 805
ORLANDO, FL 32822US

SUBJECT: RECREATION INSURANCE MANAGEMENT, INC.
REF: P01000120024

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please correct your document the title for Alan W. Gilbert is not legibility.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Thelma Lewis
Document Specialist Supervisor

FAX Aud. #: H13000025167
Letter Number: 813A00002597

RE-SUBMIT
Please retain original filing
date of submission 2/1

P.O BOX 6327 – Tallahassee, Florida 32314

FILED

2013 FEB -1 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

RECREATION INSURANCE MANAGEMENT, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P01000120024

(Document Number of Corporation (If known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

RIMINC Holdings Corp.

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

11126 SHADY OAK STREET
ORLANDO FL 32832

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

11126 SHADY OAK STREET
ORLANDO FL 32832
C/O ALAN W. GILBERT

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: ALAN W. GILBERT

11126 SHADY OAK STREET
(Florida street address)

New Registered Office Address: ORLANDO, Florida 32832
(City) *(Zip Code)*

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:
(Attach additional sheets, if necessary)
Please note the officer/director title by the first letter of the office title.
P = President, V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.
Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ___ Change	President	ALAN W. GILBERT	11126 SHADY OAK STREET
X Add			ORLANDO FL 32832
___ Remove			
2) X Change	VD	TERESA G. GILBERT	11126 SHADY OAK STREET
___ Add			ORLANDO FL 32832
___ Remove			
3) ___ Change			
___ Add			
___ Remove			
4) ___ Change			
___ Add			
___ Remove			
5) ___ Change			
___ Add			
___ Remove			
6) ___ Change			
___ Add			
___ Remove			

E. **If amending or adding additional Articles, enter change(s) here:**
(Attach additional sheets, if necessary). (Be specific)

F. **If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**
(If not applicable, indicate N/A)

The date of each amendment(s) adoption: DECEMBER 30, 2012

Effective date if applicable: _____
(no later than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____"
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated DECEMBER 31, 2012

Signature _____
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

ALAN W. GILBERT
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)