Florida Department of State

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3/15/2007 8:50 PAGE 001/001 Florida Dept of State

THE LAW OFFICES OF NICK SPRADEIN PLEO

We will Not Be using the Name Bankers

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March 15, 2007

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C.B. INSURANCE, INC. 16935 S DIXIE BIGBWAY MIAMI, FL 33157US

SUBJECT: C.B. INSURANCE, INC.

REF: P03000156807

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

Written approval and clearance of the words BANK, BANC, BANCO, BANQUE, BANKER, BANKING, TRUST COMPANY, SAVINGS AND LOAN ASSOCIATION, SAVINGS BANK OF CREDIT UNION, or words of similar import in any context or any manner must be obtained from the Office of Financial Regulation, pursuant to section 655.922(2a), Florida Statutes.

Enclosed is a "Corporate Name Approval Request" form to be completed and sent to the address indicated on the form. If the proposed name is approved by the Office of Financial Regulation, resubmit the document and the approval letter to the Division of Corporations for filing.

You must have the signature of an officer, their title and their printed name showing on this document in order to proceed with your filing.

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) 245-6903.

Cheryl Coulliette Document Specialist

FAX Aud. #: H07000068049 Letter Number: 807A00018170

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Articles of Amendment Articles of Incorporation

1	of								
İ	C.B. INSURANCE, INC.								
	(Name of corporation as currently filed with the Florida Dept. of State)								
	P03000156807	,							
	(Document number of corporation (if known)	منته							
1	Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:								
	NEW CORPORATE NAME (if changing):	. Fo							
1	CONTINENTAL BARKERS INSURANCE, INC.	.							
	(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")	south a telegraphic contraction and the second							
Tokeron Dr. G.Sa. D R. Willand A	AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)	i Andrewski zako							
A.C. BARIC	FIRST: THE DIRECTOR SHALL BE TERESA SIRVAS								
SOCIONICE, SOCIONICE, SOCIONICE	SECOND: THE PRESIDENT SHALL BE HUGO SIRVAS								
and the second of	THIRD: THE SECRETARY SHALL BE TERESA SIRVAS	alicher in e							
គ្រី។ ភូមិ ស្ន ា «បញ្ជាជា] វិ ត្រូវ សា ភូមិ ១ ១ គ	FOURTH: THE TREASURER SHALL BE HUGO SIRVAS	empth district on this							
	A CONTRACTOR OF THE PROPERTY O	e de company de compan							
	·								
	(Attach additional pages if necessary)								
	If an amendment provides for exchange, reclassification, or cancellation of issued shares, provision for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N								
	;	!							
	(continued)								

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Approximation of the second

H070000680493

The date of each amo	endment(s) a	adoption: MA	RCH 16, 2007			
Effective date if appl	icable:			··· • · · · · · · · · · · · · · · · · ·		•
	(no	more than 90 day	s after amendment	file date)		
Adoption of Amenda	nent(s)	(CHECK (ONE)			
			d by the shareho was/were suffic			tes cast for
following s		st be separatel	d by the shareho y provided for e			
"The n	umber of vot	es cast for the	amendment(s) v	as/were suff	icient for a	pproval by
1 4 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		(voting group)		_ '	. •	***
and shareh	older action v lment(s) was	was not required/were adopted	by the board of ed.			
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		OMAN				
Signat	(By a direct selected, b		other officer - if direction in the hands of fiduciary)			
	TERES	A ŞIRVAS		•		
	****	(Typed or	printed name of per	son signing)		-
	PRESID	DENT				
	-		Title of person sign	ina)		-

FILING FEE: \$35

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