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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Tower Hill Preferred Insurance Company						
DOCUMENT NUMBER: P0400008932						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all corres	spondence concerning this mat	ter to the following:				
	Scott P. Rowe					
		Name of Contact Persor	· · · · · · · · · · · · · · · · · · ·			
	Tower Hill Preferred Insurance Company					
		Firm/ Company				
	7201 NW 11th Pla	ace				
	-	Address				
	Gainesville, FL 32605					
		City/ State and Zip Code				
sro	we@thig.com					
		ed for future annual report	notification)			
For further information concerning this matter, please call:						
Chrissy Fillm	on	_{at (} 352	_,333.1439			
Name of Contact Person		Area Co	de & 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			Address			
Amendment Section		Amendment Section				
	ision of Corporations . Box 6327	Division of Corporations Clifton Building				
Tallahassee, FL 32314		2661 Executive Center Circle				
·		Tallahassee, FL 32301				

Articles of Amendment to Articles of Incorporation of

Tower Hill Professed Incurence Company	
Tower Hill Preferred Insurance Company (Name of Corporation as currently filed with the F)	
P0400008932	orida Dept. of State)
(Document Number of Corporation (if	ſknown)
Pursuant to the provisions of section 607.1006, Florida Statutes, this a its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered," "professional association," or the abbreviation	n," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	N/A S T
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A 3
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:	
Name of New Registered Agent N/A	-
(Florida stre	eet address)
New Registered Office Address:	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	

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	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	D	Timothy Bienek	7201 NW 11th Place	
X Add			Gainesville, FL 32605	
Remove				
2) Change	· 			
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_ ·		
Add			**************************************	
Remove				

(Attach a	ding or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)
N/A	
•	
	·
F. <u>If an an</u>	nendment provides for an exchange, reclassification, or cancellation of issued shares,
<u>provisi</u> (if	ions for implementing the amendment if not contained in the amendment itself: not applicable, indicate N/A)
N/A	The state of the s
<u></u>	

The date of each amendment(s) adoption: 7/19/2013	_, if other than the
date this document was signed. 7/19/2013 Effective date if applicable: (no more 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)	
(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 8/5/2013 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)	
Donald C. Matz, Jr.	
(Typed or printed name of person signing)	_
Director	
(Title of person signing)	