P04000011236

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Amend) C.COULLIETTE

SEP 1 0 2010

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	TION: Prof	fessional Underwriting Group, Inc.			
DOCUMENT NUMBER: P04000011236					
The enclosed Articles of A	Amendment and fee ar	e submitted for filing.			
Please return all correspor	idence concerning this	s matter to the following:			
	Warre	n E. Avis, Jr., Esquire			
	Na	me of Contact Person			
	Avis & Avis, P.A.				
		Firm/ Company			
_ 1000	125 Wo	orth Avenue, Suite 203			
		Address			
		n Beach, FL 33480 ty/ State and Zip Code			
		,			
		avislaw.com for future annual report notification)			
For further information co	oncerning this matter, p	please call:			
	. Avis, Jr.	ar \	59-0200		
Name of Conta		Area Code & Daytime Tel	•		
Enclosed is a check for the	e following amount m	ade payable to the Florida Depar	tment of State:		
	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	าท	Street Address Amendment Section			
7 includion Section	.*	D' ' ' CO			

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

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

Articles of Amendment to **Articles of Incorporation**

Professional Underwriting Group, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P04000011236 (Document Number of Corporation (if known)

ame must be distinguishable and contain bbreviation "Corp.," "Inc.," or Co.," or the ame must contain the word "chartered," "pro	designation "Corp," "Inc	," or "Co". A professiona	
. <u>Enter new principal office address, if app</u> Principal office address <u>MUST BE A STREE</u>			
. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI			10 SEP -9 P
. If amending the registered agent and/or new registered agent and/or the new regi	registered office address in	ı Florida, enter the name o	Tthe
new registered agent and/or the new regi	stered office address:		O. A.
Name of New Registered Agent:		170	
New Registered Office Address:	(Florida street a	ddress)	
		, Florida	
	(City)	(Zip Code)	

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)

Title .	<u>Name</u>	Address	Type of Action
P/D	Alan J. Ginden	9512 Caserta St. Lake Worth, FL 33467	
P/S/D	Jay Hoffman	20960 Delagado Terrace Boca Raton, FL 33433	☑ Add □ Remove
	ling or adding additional Articles, enditional sheets, if necessary). (Be s		
E If an am	nendment provides for an exchange,	realessification or cancellation of	issued shores
	ns for implementing the amendmen		
	ot applicable, indicate N/A)		

t ne date of each amendment(s	s) adoption:	August	20,	2010	
Effective date if applicable:		(date of add			•
	(no more than	90 days after a	mendmer	nt file date)	-
Adoption of Amendment(s)	C	HECK ONE)	•	•	
The amendment(s) was/were by the shareholders was/wer			The nur	mber of votes cast for the amendme	nt(s
				n voting groups. The following state separately on the amendment(s):	eme.
"The number of votes ca	ast for the ame	ndment(s) was/	were suf	Ticient for approval	
by				,"	
(voting group)				
The amendment(s) was/were action was not required.	adopted by th	e board of dire	ctors with	hout shareholder action and shareho	olde
The amendment(s) was/were action was not required.	adopted by th	e incorporators	without	shareholder action and shareholder	
Dated	KAT-	7,201	9/	/	
Signature	MA	// G//	4	20	-
selec	ted, by an inco		the hand	f directors or officers have not beer is of a receiver, trustee, or other cou	
	1 7	AY M.	Ho	FMAN	
	(T	yped or printed	name of	person signing)	
		8650	50	<i>T</i>	
	(Title	of person signi	ng)		