## P04000104203

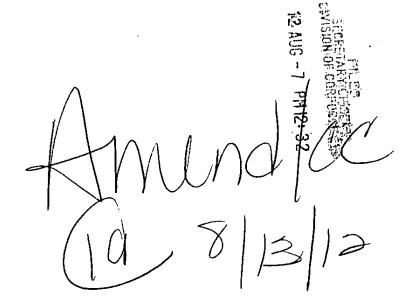
(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: Tower Hill H	loldings, Inc.	
DOCUMENT NUM	BER: P04000164203	3	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles	of Amendment and fee are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	er to the following:	
	Scott P. Rowe		
		Name of Contact Perso	n
	Tower Hill Insuran	ice Group, LLC	
		Firm/ Company	
	7201 NW 11th Pla	ice	
		Address	
	Gainesville, FL 32	605	
		City/ State and Zip Cod	е
src	we@thig.com		
<del></del>	E-mail address: (to be use	d for future annual report	notification)
For further information	on concerning this matter, please	call:	
Chrissy Fillm	ion	at (352	, 333-1439
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	or the following amount made pa	ayable to the Florida Dep	artment 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)
Ma	iling Address	Street	Address
Amendment Section		Amendment Section	
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building	
	lahassee, FL 32314		Executive Center Circle
1 41.	100000, 1 D DDJ 17		assee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Tower Hill Holdings, Inc.	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P04000164203	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following an its Articles of Incorporation:	nendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	ie new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbr "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name must con 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)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	お 記
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:	12 AUG -7 PM 12: 32
Name of New Registered Agent N/A	1 PH
(Florida street address)	ત્રું 🧍
,	32
New Registered Office Address:, Florida	
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.

X Change	<u>PT</u> <u>Jo</u>	ohn Doe	
X Remove	<u>v</u> <u>M</u>	like Jones	
X Add	<u>SV</u> <u>Sa</u>	ally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	D	John D. Nichols, Jr.	8-12 East Broadway
Add			Hamilton, HM 19 Bermuda
X Remove			
2) Change	D	William I Riker	8-12 East Broadway
Add			Hamilton, HM 19 Bermuda
X Remove			•
3) Change	D	Aditya Dutt	12 Crow Lane
X			Pembroke, HM 19 Bermuda
Remove			
4) Change			
Add			BOLA SERVICE AND THE TOTAL CONTROL OF THE TOTAL CON
Remove			
5) Change			de control o control de como de control de c
Add			
Remove			
6) Change			
Add			
Remove			

	onal sheets, if necessary).	cles, enter change(s) here (Be specific)		
I/A				
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If an amend	ment provides for an exc	ange, reclassification, or	cancellation of issued shares.	1
provisions i	or implementing the ame	ndment if not contained i	n the amendment itself:	
	pplicable, indicate N/A)			
/A				
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The date of each amendment	(s) adoption: JUIY 5, 2012	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/wer by the shareholders was/was	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.	
	e approved by the shareholders through voting groups. The following statement if 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	(voling group)	
	(voting group)	
The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/wer action was not required.	adopted by the incorporators without shareholder action and shareholder	
Dated	8-3-12	
Signature	1/18/1	
(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)		
	William J. Shively	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	