P05000052263

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N. C.

C. Coullistic MAY 2 6 2005



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

*(***7** May 5, 2005

INCFILE.COM, LLC 14027 MEMORIAL DR., #110 HOUSTON, TX 77079

SUBJECT: BB&T INSURANCE GROUP INC.

Ref. Number: P05000052263

We have received your document for BB&T INSURANCE GROUP INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You have submitted the incorrect form, this is not a Limited Libility Company. I am sending the correct form for articles of correction and also an amendment form for your choice.

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

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.

Letter Number: 005A00032376

Cheryl Coulliette Document Specialist

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF	CORPORATION: BB&T Insurance	e Group, Inc.				
DOCUMEN	NT NUMBER: P05000052263					
The enclose	d Articles of Amendment and fee a	are submitted for filing.				
Please return	n all correspondence concerning the	is matter to the following:				
	Nicolas Siha					
	(Name	of Contact Person)				
	IncFile.com, LLC					
(Firm/ Company)						
	14027 Memorial Drive, Suite 110					
	(Address)					
	Houston, TX 77079					
	(City/S	tate/ and Zip Code)				
For further i	information concerning this matter,	please call:				
Nicolas Siha		at (713) 478-1040)			
	(Name of Contact Person)	(Area Code & Daytime	: Telephone Number)			
Enclosed is	a check for the following amount:					
□ \$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		Street Address Amendment Secti Division of Corpo 409 E. Gaines Street	orations			

Tallahassee, FL 32314

Tallahassee, FL 32399

Articles of Amendment to Articles of Incorporation of

BB&T Insurance Group, Inc.
(Name of corporation as currently filed with the Florida Dept. of State)
P05000052263
(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 amendment(s) to its Articles of Incorporation:
NEW CORPORATE NAME (if changing):
BT&B Insurance Group, 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.")
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)
(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)

The date of each amendment(s) adoption: May 22, 2005						
Effective d	late if <u>applicable</u> :			_		
		(no more than 90 days	after amendment file date)	-		
Adoption	of Amendment(s)	(CHECK ON	IE)			
			by the shareholders. The numbras/were sufficient for approva			
		must be separately p	by the shareholders through voorovided for each voting group			
	"The number of		nendment(s) was/were sufficie	ent for approval by		
			(voting group)			
	The amendment(s) vand shareholder acti		the board of directors withou	t shareholder action		
Ø	The amendment(s) v shareholder action v		the incorporators without sha	reholder action and		
Signed this	3 <u>22</u> day of 1	May	, 22			
	selecte		er officer - if directors or officers hat if in the hands of a receiver, trustee, ductary)			
	Ashle	ey Benavidez				
		(Typed or pri	nted name of person signing)			
	Presi	dent				
(Title of person signing)						

FILING FEE: \$35