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(Cit	y/State/Zip/Phone	∋ #)	
PICK-UP	WAIT	MAIL	
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Certified Copies	Certificates	s of Status	
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SECRETARY OF STATE
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: <u>HAG</u>	SNOLIA INSURANCE COMPANY
DOCUMENT NUMBER:	5000075735
The enclosed Articles of Amendment and	fee are submitted for filing.
Please return all correspondence concernin	g this matter to the following:
	ame of Contact Person)
Becker	(Firm/ Company)
3111 STIRYN	(Address)
FT. LAMDER	HAVE, FL 33312 ity/State and Zip Code)
For further information concerning this ma	tter, please call:
JENNIFER WESTERLUND (Name of Contact Person)	at (454) 364 - 6072 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amou	int made payable to the Florida Department of State:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	▼\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

0	f ,	5.00
MAGNOLIA INS	SUPANCE COMPAN	1
(Name of Corporation as currently filed		
P05000075	3735	150 J
(Document Number of Co	orporation (if known)	ने जुल दे
Pursuant to the provisions of section 607.1006, Florida following amendment(s) to its Articles of Incorporation:	a Statutes, this Florida Pr	ofit Corporation adopts th
A. If amending name, enter the new name of the corp	oration:	
The new name must be distinguishable and conta "incorporated" or the abbreviation "Corp.," "Inc.," o "Co". A professional corporation name must o association," or the abbreviation "P.A."	or Co.," or the designation	on "Corp," "Inc," or
B. <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDR</u>	ESS)	UTH BAYSHORE DRW
	Suite 121	5
	COCONUT	GROVE, FL 3313
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered new registered agent and/or the new registered off		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Register the appointment as registered agent. position.		ccept the obligations of the
Signature o	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)

<u>Title</u>	Name	Address	Type of Action
			
			
			
	ding or adding additional Articles, ent additional sheets, if necessary). (Be spe		
provis	mendment provides for an exchange, rions for implementing the amendment mot applicable, indicate N/A)		

The date of each amendment(s) adoption: 3-17-09
Effective date if applicable:
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)
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 3 17 09
Signature Que S latt
(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)
GREGG PATTERSON
(Typed or printed name of person signing)
DRECTUR
(Title of person signing)