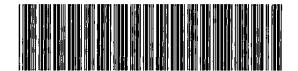
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(Re	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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SECRETARY OF STATE
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COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of C	orporations		
NAME OF CORI	PORATION: <u>Oualit</u>	y INSULANCE	SROUP, INC
DOCUMENT NU	MBER: <u>P0500</u>	00/08813	
The enclosed Artic	cles of Amendment and fee are	e submitted for filing.	
Please return all co	orrespondence concerning this	matter to the following:	
	Kathleen (Name of	TSOLDI Contact Person)	
. <u>(</u>	Buality Insur	ANCE GROUP n/ Company)	
29	329 E COMMER	CIAL BLUB, SUIT Address)	E PHAA
	F. LAuderdal	tte and Zip Code)	8
For further inform	ation concerning this matter, p	please call:	
/5 A+6/	e of Contact Person)	at (954_) <u>582</u> (Area Code & Daytim	- 9 4 4 4 e Telephone Number)
Enclosed is a chec	k for the following amount:		
\$35 Filing Fee	S43.75 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 A Amendmer		Street Address Amendment Section	·

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Articles of Amendment to Articles of Incorporation

	Quality INSUVANCE GROUP, INCES S
	(Name of corporation as currently filed with the Florida Dept. of State)
	P05000/088/3
	(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):
	(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.")
	<u>AMENDMENTS ADOPTED</u> - (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (<u>BE SPECIFIC</u>)
1.)	To change the position AND Address of the Bollowing
	officer: David Loy As President, 2929 E
	Commencial B2VD, Suite PHAA Fort Landerdale, FL 33308
2.)	To Change the Address of the following officer:
-	KAthleen M ISOLOI, 2929 E Commerciae BLUD
	Svite PHAA, Font. LANderdale, FL 33308
3)	To change the address of the following officen:
_	John Frank Amodec, 2929 E Commercial BLUD
	Svite PHAA, Font Lauderdale, FL 33308
	(Attach additional pages if necessary)
	If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
	(continued)

The date of each amendment(s) adoption:
Effective date if applicable: 4/26/07 (no more than 90 days after amendment file date)
Adoption of Amendment(s) (<u>CHECK ONE</u>)
The amendment(s) was/were approved 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.
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)
(Typed or printed name of person signing)
President
(Title of person signing)

FILING FEE: \$35