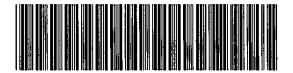
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(Red	questor's Name)	
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3/5/14

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	Windhave	en Insurance (Company	
DOCUMENT NUMBE	_{R:} P050001662	246	, , , , , , , , , , , , , , , , , , , ,	
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
٦	imothy W. Ro	ss, Esquire		
, · -	,	Name of Contact Person	ı	_
\	Vindhaven Ins	surance Comp	any	
-		Firm/ Company		_
5	835 Blue Lag	oon Drive Sui	te 401	
_	·	Address		_
<u> </u>	<i>I</i> liami, Florida	33126		_
		City/ State and Zip Code		
Tim	.Ross@windh	avenauto.com	1	
		sed for future annual report		
For further information	concerning this matter, pleas	se call:		
Timothy W.	Ross	_{31,} 786	709-4802	
	Contact Person	Area Co	de & Daytime Telephone Numb	er
Enclosed is a check for	he following amount made	payable to the Florida Depa	rtment 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)	
Amen Divisi P.O. E	ng Address dment Section on of Corporations Box 6327 assee, FL 32314	Amend Divisic Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle assee, FL 32301	

Articles of Amendment to

Articles of Incorporation

FILED

2014 HAR -3 PM 4: 13 Windhaven Insurance Company

(Name of Corporation as currently filed with the Florida Dept. of State) CRETARY OF STATE
TALL AHASSEE, FILORIDA
TALL AHASSEE, FILORIDA

(Document Number of Corporation (if known)

dment(s) to

•	he corporation:		The
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Corpd" (chartered," "professional association," or	Corp," "Inc," or "Co". `A p	oany," or "incorpoi rofessional corpora	rated" or the abbrev
B. Enter new principal office address, if applic Principal office address <u>MUST BE A STREET</u>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE			·
			
If amending the registered agent and/or reg new registered agent and/or the new register		rida, enter the nam	e of the
Name of New Registered Agent			
	(Florida street address,)	
New Registered Office Address:		, Florida_	(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)

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>	John Do	<u>e</u>	,
X Remove	$\underline{\mathbf{v}}$	Mike Jos	nes	
X Add	<u>sv</u>	Sally Sm	<u>uith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	D		Mannyl Valdivieso	3082 Lime Court
Add				Miami, Florida 33133
Remove				
2) Change	D	· 	Don Moser	526 Stonemont Drive
Add			•	Weston, Florida 33326
Remove				
3) Change				
			,	
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				- <u></u>
Remove				
6) Change		_		
Add				
Remove				

	or adding additiona anal sheets, if necess	sary). (Be s	pecific)	<u> </u>		
					<u> </u>	
		. ,		-		
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If an amendm	ent provides for a	n exchange,	reclassificatio	n, or cancella	tion of issued s	hares,
neavisions fo	pplicable, indicate N	<u>e amendmen</u> √A)	t ii not conta	incu in the an	enament usen	1
provisions fo	•	Ź				
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late this document was signed.	
Effective date <u>if applicable</u> :	2/21/2014
	(no more than 90 days after amendment file date)
doption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
	approved by the shareholders through voting groups. The following statement 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)
	(voting group)
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated 2/21/	2014
sel	v a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	Jimmy Whited
	(Typed or printed name of person signing)
	President/Director
	(Title of person signing)