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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORA	MON: Crosslet	Insurance of Flor	rida Inc.
DOCUMENT NUMBEI	R: P06 0000 7	3830	<del></del>
The enclosed Articles of	Amendment and fee are s	ubmitted for filing.	
Please return all correspo	ndence concerning this m	atter to the following:	
	JEFF THOM	upson	
		ence Solutions Inc	
	199 Ave K	SE _	
	Winter Haven,	FC 33 880	<del></del>
	oncerning this matter, plea	and Zip Code)	
Jeff_	Thampson	_at ( 863 ) 299-	3544
(Name of Con	itact Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for th	ne following amount:		
	\$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 Secti Division of Corpo P.O. Box 6327 Tallahassee, FL 3	on orations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301	:le

## AMENDMENT TO ARTICLES OF INCORPORATION OF CROSSLET INSURANCE OF FLORIDA, INC



1. ARTICLE I of the Articles of Incorporation of CROSSLET INSURANCE FLORIDA, INC., is hereby amended to read as follows:

## ARTICLE 1

The name of this corporation shall be OMEGA INSURANCE SOLUTIONS, INC.

2. The foregoing Amendment to Articles of Incorporation was adopted, ratified and approved by all the shareholders and by the directors of the corporation on 1010s/ , 2007, effective the date of filing this Amendment with the Secretary of State's office. IN WITNESS WHEREOF, the undersigned President of this corporation has executed this Amendment to Articles of Incorporation on this 4th day of September, 2007. JEFF THOMPSON, President (CORPORATE SEAL) STATE OF FLORIDA COUNTY OF POLK The foregoing Amendment to Articles of Incorporation was acknowledged before me 4th day of September , 2007, by JEFF THOMPSON, being the President of OMEGA INSURANCE SOLUTIONS, INC., a Florida corporation, on behalf of said corporation, ( ) who is personally known to me or (X) who has produced

(SEAL)

Driver's License



as identification.

Notary Public, State of Florida

My Commission Expires: