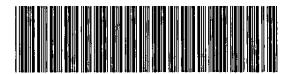
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(Requestor's Name)
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SECRETARY OF TORROTALIONS

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: Nichols Group Insu	rance Company				
DOCUMENT NUM	IBER: P06000102575					
	s of Amendment and fee are sub	omitted for filing.				
Please return all corr	espondence concerning this mat	ter to the following:				
	George Nichols					
		Name of Contact Person	1			
	Nichols Group Insurance Con	npany				
		Firm/ Company				
	1737 S Orange Avenue Suite	300				
	Address					
	Orlando FL 32806					
		City/ State and Zip Code	<u>.</u>			
geo	rge.nichols@brightway.com					
	E-mail address: (to be us	ed for future annual report	notification)			
For further informati	on concerning this matter, pleas	e call:				
George Nichols		at (897.6860			
Name	e of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check	for the following amount made p	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)			
Mailing Address			Address			
	mendment Section	Amendment Section				
	vision of Corporations		on of Corporations			
P.0	O. Box 6327	Clifton Building				

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

5101/2

Nichols Group Insurance Company

(Name of Corporation as currently filed with the Florida Dept. of State)
000102575
(Document Number of Corporation (if known)
suant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) articles of Incorporation:
If amending name, enter the new name of the corporation:
The new new new must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation or prp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the d"chartered," "professional association," or the abbreviation "P.A."
Enter new principal office address, if applicable: incipal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
If amending the registered agent and/or registered office address in Florida, enter the name of the new registered office address:
Name of New Registered Agent
(Florida street address)
New Registered Office Address:, Florida
w Registered Agent's Signature, if changing Registered Agent: ereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	V	James G Nichols	600 Richmond St
x Add			Orlando FL 32806
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		<u> </u>	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	iaitional shee	ets, if necessary).	(Be specific)			
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	,					
<u>provisio</u>	<u>ns for imple</u>	vides for an excl menting the ame , indicate N/A)	nange, reclassification Indment if not contain	n, or cancellation o ned in the amendm	f issued shares, ent itself:	
						·

The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
ffective date if applicable:	
(no more than 90 days after amendment file date)	
lose: If the date inserted in this block does not meet the applicable statutory filing requirements, this ocument's effective date on the Department of State's records.	s date will not be listed as the
deption of Amendment(s) (CHECK ONE)	및
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	ent(s) 5 HOV 12 PH 1: 50
The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	rement 2
"The number of votes cast for the amendment(s) was/were sufficient for approval	-
by" (voting group)	<u>ل</u> د
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	older
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	r
Dated	
Signature	
(By a director, president of other officer – if directors or officers have not be	
selected, by an incorporator – if in the hands of a receiver, trustee, or other of appointed fiduciary by that fiduciary)	court
(Typed or printed name of person signing)	,
Pros lo-4	
(Title of person signing)	