07000126895

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	(Address)
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·	(City/State/Zip/Phone #)
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EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RPORATION: Frontline Insurance Inc.			
DOCUMENT NUMB	UMBER: P07000126895			
	of Amendment and fee ar			
Please return all corres	pondence concerning this	s matter to the following:		
·		loward Neysmith		
	N	ame of Contact Person		
<u></u>	· Arawak	Insurance Agency, Inc.		
	Firm/ Company			
·	1792 Bell Tower Lane			
		Address		
	Weston, FL 33326			
		ity/ State and Zip Code		
	frontlineinsu E-mail address: (to be use	Irance@bellsouth.net d for future annual report notification)		
For further information	n concerning this matter,	please call:		
Howa	ard Neysmith	at (954) 6	680-6806	
Name of C	Contact Person	Area Code & Daytime Te	elephone Number	
Enclosed is a check for	r the following amount m	nade payable to the Florida Depar	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 Amendment Son Division of Control P.O. Box 6327 Tallahassee, Florian Process Tallahassee, Talla	ection rporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circ	cle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as current	tly filed with the Floric	la Dept. of State)	
Frontline Insurance	e Inc. / P0700012	26895	
(Document Number	er of Corporation (if known	own)	-
Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation:	Florida Statutes, this F	lorida Profit Corporati	on adopts the following
A. If amending name, enter the new name of the	he corporation:		
Arawak Insui	rance Agency, Inc.		The new
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the dename must contain the word "chartered," "profes	esignation "Corp," "In	c," or "Co". A profess	sional corporation
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>E BOX</u>)		Nd 6- 10N 60
D. If amending the registered agent and/or reg new registered agent and/or the new register		in Florida, enter the na	me of the
Name of New Registered Agent:		<i>هر</i> 	pe
New Registered Office Address:	(Florida street	address)	
		, Florida	a
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age			ns of the position.

The date of each amendmen	t(s) adoption: November 3, 2009		
Effective date <u>if applicable</u> :	November 4, 2009		
;	(no more than 90 days after amendment file date)		
Adoption of Amendment(s)	(CHECK ONE)		
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.		
	ere approved by the shareholders through voting groups. The following statement ed 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/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder		
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder		
Dated_Nov	rember 3, 2009		
sel	y 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)		
	Howard Neysmith		
	(Typed or printed name of person signing)		
	President		
	(Title of person signing)		