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DIVISION OF CORFORATIONS
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COVER LETTER

Division of Corporations NAME OF CORPORATION: AMERICAN SPECIALTY INSURANCE GROUP INC. P08000054345 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person AMERICAN SPECIALTY INSURANCE GROUP ING
Firm/ Company ST PAIN BEACH FL 33407
City/ State and Zip Code ASIGINSURANCE, COM
ess: (to be used for future annual report notification) For further information concerning this matter, please call: HUGH TAMONEY

Name of Contact Person at (<u>56/</u>) <u>683-1220</u> Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

SECRETARY OF STATE DIVISION OF CORPORATIONS

2017 APR 20 AM 7: 24

MERICAN SPECIALTY IN	On as currently files	られつり ル C I with the Florida Dept. of State)	
POSODO 54345	an our rentry there	viiv t iviiuu Depit vi State)	
(Docum	nent Number of Corp	oration (if known)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this <i>Floria</i>	la Profit Corporation adopts the fo	ollowing amendment(s) to
A. If amending name, enter the new name of the co	rporation:		
			The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the	," "Inc," or "Co".	company," or "incorporated" or A professional corporation name	the abbreviation must contain the
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADD</u>			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	(X)		
	<u> </u>		
		· · · · · · · · · · · · · · · · · · ·	
D. If amending the registered agent and/or register new registered agent and/or the new registered agent and/or register		Florida, enter the name of the	
rame of new Acquirer and Agem			
	(Florida street add	(ress)	
New Registered Office Address:		, Florida	
	(City)		(Zip Code)
New Registered Agent's Signature, if changing Reg			
I hereby accept the appointment as registered agent.	I am familiar with ar	nd accept the obligations of the pos	sition.
· · · · · · · · · · · · · · · · · · ·			
Sign	atura of Nov. Popista	rad Agant 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.

Mike Jones, V as Kemo	ve, ana saliy sm	nith, SV as an Aaa.	
Example: X Change	<u>PT</u> <u>Joh</u>	nn Doe	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	SV Sal	lly Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	NP	SUSAN TAMONEY	18598 LAKESIDE GRANDA
X_ Add		·	JUPITER, FL 33458
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach a	<mark>ding or adding</mark> ad dditional sheets, i	f necessary).	(Be specific)	*			
							
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c		F		tion on someoli	lation of inquad o	havos	
ı an anı provisi	ons for implemen	es for all excha ating the amen	dment if not c	ontained in the a	mendment itself	mares.	
(if	nendment provide ons for implemen not applicable, inc	dicate N/A)				-	
							
							
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· / • ——————————————————————————————————	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.	ot be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted 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)	
(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.	
Dated_ 4/11/17	
Signature King Jan	
(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)	
(Typed or printed name of person signing)	
PARSIDENT	
(Title of person signing)	