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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-1000 Fax Number : (850)558-1515

Enter the email address for this business entity to be used for future of annual report mailings. Enter only one email address please.

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN J & A INSURANCE ASSOCIATES, INC.

| Certificate of Status | 0 |
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COVER LETTER

| TO: Amendment Section | | |
|-----------------------|--------------------------|---|
| | Division of Corporations | S |

| NAME OF COR | PORATION: | J&A Insurance Associates, Inc. | | | |
|---|---|---|--|--|--|
| DOCUMENT N | UMBER: P09000031764 | | | | |
| The enclosed Arti | cles of Amendment and fee a | are submitted for filing. | | | |
| Please return all c | orrespondence concerning th | is matter to the following: | | | |
| | | ichael B. Tule, Esq. | | | |
| | ľ | Jame of Contact Person | | | |
| | McLane, Graf, Raulerso | on & Middleton, Professional Association | | | |
| | Firm/ Company | | | | |
| 900 Elm Street | | | | | |
| | Address | | | | |
| | Manchester, NH 03101 | | | | |
| | C | ity/ State and Zip Code | | | |
| | michael. E-mail address: (to be use | tule@mclane.com | | | |
| For further informa | ation concerning this matter, | please call: | | | |
| .Mic | hael B. Tule, Esq. | at (603) 628-1290 Area Code & Daytime Telephone Number | | | |
| Name | of Contact Person | Area Code & Daytime Telephone Number | | | |
| Enclosed is a check | c for the following amount m | ade payable to the Florida Department of State: | | | |
| ☑ \$35 Filing Fee | S43.75 Filing Fee & Certificate of Status | ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) | | | |
| Mailing Ad Amendmen Division of P.O. Box 63 Tallahassee | t Section Corporations 327 | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | | |

Articles of Amendment to Articles of Incorporation

| | | | | | |
|--|---|---|---------------------------------------|------------------------------|--|
| Gerver | 5/3/2011 5 | :04:35 PM | PAGE | 4/006 | Fax Server |
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| | F | of | poration | | |
| | J&A Insuran | ce Associate | s. Inc. | | S. 13.18 |
| (Name) | of Corporation as curre | | | ept. of State) | ****** |
| \ | | 000031764 | | | |
| the supposed the balance of the law cape The should assure the balance | | ber of Corporatio | n (il known) | | |
| gr. | - | _ | | | atatatatt full |
| Pursuant to the provisi amendment(s) to its Ar | | , Florida Statute | s, this <i>Floria</i> | ia i rojit Corp | oration adopts the following |
| A. If amending name | enter the new name of | the corporation | 1 | | |
| | J. C | ardoso, Inc. | | | . The new |
| B. Enter new princip: | word "chartered," "proj al office address, if app ss <u>MUST BE A STREE</u> | licable: | ion," or the | abbreviation " | P.A." |
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| | | - | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | r address, if applicable: IAY BE A POST OFFICE | | | | |
| (Mauing agaress M | IAI BE A POST OFFIC | <u>.e bua</u>) | | | |
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| | | - | 1,44,4 | سمسك سنه منيه مديس بمبيلايين | |
| D. If amending the re new registered age | gistered agent and/or re ni and/or the new regis | egistered office a tered office addr | ddress in Fl | orida, enter th | c name of the |
| Name of Nov P | egistered Agent: | . ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| traine of trew K | ekmeren arkem. | a. Museludi , -14 4 | | · | |
| Many Daniele J | Office Address | /Fla::3 | street addr | acol | |
| New Registered | Office Address: | (r wrtae | | | |
| | - | | | (Zip Cod | orida |
| | | (City) | • | (Zip Cod | ie) |
| New Registered Agent I hereby accept the appe | 's Signature, if changin ointment as registered ag | g Registered Agr gent. I am famili | <u>ent:</u> ar with and a | sccept the oblig | rations of the position. |
| | | | | | |
| | Si | gnature of New R | egistered Ag | ent, if changing | <u></u> |

| emoved : Attach aa | and title, name, and address of eadditional sheets, if necessary) | sch Officer and/or Director being | added: |
|--|--|---|---|
| <u>litle</u> | Name | Address | Type of Action |
| | رسيد و داد و د | | Remove |
| d de vive versi lle de l'accessore, | | | □ Add |
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| I <u>(an a</u> provisi | | nge, reclassification, or cancellation ment if not contained in the amen | |
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| <u></u> | | ······································ | |
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| Effective date if applicable: | (s) adoption: May 2, 2011 (due of adoption is required) |
|--|---|
| | (no mure than 90 days after ameritarent file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/we by the shareholders was/we | e adopted by the shareholders. The number of votes cast for the amendment(s re-sufficient for approval. |
| | e 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 | ast for the amendment(s) was/were sufficient for approval |
| by | (voting group) |
| | (voting group) |
| The amendment(s) was/wer action was not required. | e adopted by the board of directors without shareholder action and shareholder |
| The amendment(s) was/wer action was not required | e adopted by the incorporators without shareholder action and shareholder |
| Dated | 05.02.1/ |
| Sigrature | Jan Clinto |
| scled | a director, foreside in or other officer—if directors or officers have not been ted, by an incorporator—if in the hands of a receiver, trustee, or other court inted fictually by that fiduciary) |
| | Jessenia Cardoso (Dyged or printed page of person signing) |

(Title of person signing)

President