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SECRETARY OF STATE

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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORP	ORATION: INSUF	RANCE SOLUTIONS OF N	APLES, INC.
DOCUMENT NUM	MBER:	P09000053487	
The enclosed Articl	es of Amendment and fee	are submitted for filing.	
Please return all cor	respondence concerning t	his matter to the following:	
_		James A. Pilon	
		Name of Contact Person	
_	s	iesky, Pilon & Potter	
Firm/ C		Firm/ Company	
	1000 Ta	miami Trail North, suite 201	
		Address	
_		Naples, FL 34109	
		City/ State and Zip Code	
	jpilo E-mail address: (to be us	on@spplaw.com sed for future annual report notification)	
For further informat	ion concerning this matter	r, please call:	
	Jim Pilon	at ( 239 ) 2	63-8282
Name o	of Contact Person	Area Code & Daytime Tel	lephone Number
Enclosed is a check	for the following amount	made payable to the Florida Depar	tment 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 Add Amendment Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	le

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

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SECRETALLAHA	SSEE. FLORIDA
State)	TOEE. FLORIDE

#### INSURANCE SOLUTIONS OF NAPLES, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

#### P09000053487

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

	DURCE OF NAPLES, INC	
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro	e designation "Corp," "Inc,"	or "Co". A professional corporation
B. Enter new principal office address, if app (Principal office address MUST BE A STREE		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI		
(Manual of the Control of the Contro		
	registered office address in l	Florida, enter the name of the
D. If amending the registered agent and/or	registered office address in l	Florida, enter the name of the
D. If amending the registered agent and/or new registered agent and/or the new regi	registered office address in l	
D. If amending the registered agent and/or new registered agent and/or the new reginal Name of New Registered Agent:	registered office address in listered office address:  (Florida street add	dress), Florida
D. If amending the registered agent and/or new registered agent and/or the new reginal Name of New Registered Agent:	registered office address in I istered office address:	dress)

### 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)

ء. سما

<u>Title</u>	<u>Name</u>	Address	Type of Action
D	Tiffany L. Lehman	10701 Regent Circle Naples, FL 34109	☐ Add ☐ Remove
<u>D</u>	Judith Ann Campbell	6813 Ilregalo Circle Naples, FL 34109	✓ Add ☐ Remove
	ding or adding additional Articles, e dditional sheets, if necessary). (Be s		
provisi	mendment provides for an exchange ons for implementing the amendment applicable, indicate N/A)	, reclassification, or cancellation nt if not contained in the amend	of issued shares, nent itself:

The date of each amendment(s	s) adoption: August 1, 2009
Effective date if applicable:	(date of adoption is required)  August 1, 2009  (no more than 90 days after amendment file date)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/wer	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 statemen for each voting group entitled to vote separately on the amendment(s):
	ast for the amendment(s) was/were sufficient for approval
by Conna W	(voting group)
	(voting group)
The amendment(s) was/were action was not required.	e adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	e adopted by the incorporators without shareholder action and shareholder
Dated Augu	st 20, 2009
Signature _	Donne S. MacRiver
(By :	a director, president or other officer – if directors or officers have not been
	eted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	Donna P. MacNiven
	(Typed or printed name of person signing)
	President/Director
	(Title of person signing)