PD90000013424

(Req	uestor's Name)	
(Addı	ress)	
(Addı	ress)	
(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	
•		

Office Use Only



600162173866

11/09/09--01031--005 **35.00

1 (1997) 1 (

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Amend, 19/4/09

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	National Preferred Insurance Group, Inc.		
DOCUMENT NUMBER:	P0900063424		
The enclosed Articles of Amendment	and fee are submitted for filing.		
Please return all correspondence conc	erning this matter to the following:		
	Elizabeth M. McKee		
	Name of Contact Person		
	Elizabeth M. McKee, C.P.A.		
	Firm/ Company		
	1718 E. 7th Ave Suite 301		
	Address		
	Tampa, FL 33605		
· · · · · · · · · · · · · · · · · · ·	City/ State and Zip Code		
E-mail address:	em@kellyandmckee.com (to be used for future annual report notification)		
For further information concerning thi	s matter, please call:		
Elizabeth M. McKee, C.F			
Name of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check for the following a	amount made payable to the Florida Department of State:		
\$35 Piling Fee \$43.75 Piling Fe Certificate of St			
Mailing Address Amendment Section Division of Corporations DO. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building		
Tällahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301		



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 16, 2009

ELIZABETH M. MCKEE ELIZABETH M. MCKEE, C.P.A. 1718 E. 7TH AVE - SUITE 301 TAMPA, FL 33605

SUBJECT: NATIONAL PREFERRED INSURANCE GROUP, INC.

Ref. Number: P09000063424

We have received your document for NATIONAL PREFERRED INSURANCE GROUP, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

Photo copies are not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Letter Number: 309A00035608

Irene Albritton` Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 -Tallahassee Florida 32314

Articles of Amendment to Articles of Incorporation

National Preferred Insurance Group, Inc. (Name of Corporation as currently filed with the Florida Dept. of State)

P09000063424

•	ber of Corporation (if kno	own)
tursuant to the provisions of section 607.1006, mendment(s) to its Articles of Incorporation:	, Florida Statutes, this F	Florida Profit Corporation adopts the following
. If amending name, enter the new name of	the corporation:	
		The new
name must be distinguishable and contain the observation "Corp.," "Inc.," or Co.," or the comme must contain the word "chartered," "prof	designation "Corp," "Inc	c," or "Co". A professional corporation
3. Enter new principal office address, if appli Principal office address <u>MUST BE A STREE</u> T		
Enter new mailing a clress, if applicable: (Mailing address MAY BE A POST OFFIC	<u> </u>	
). <u>If amending the registered agent and/or re</u> new registered agent and/or the new regist		n Florida, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street d	address)
HEW REXISTERED Office Address.		
New Nexistered Office Address.		, Florida (Zip Code)

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: (Atfach additional sheets, if necessary)

<u>Title</u>	Name	Address	Type of Action
<u>VP</u>	Robert D Swafford	7021 Aspen Ave Tampa, FL 33637	☐ Add ☐ Remove
Trea	Mark R Edelman	6010 6th St Tampa, FL 33611	Add Remove
			Add
E. <u>If amenc</u> (attach ad	ling or adding additional Articles, o iditional sheets, if necessary). (Be s	enter change(s) here: specific)	
	·		
provisio	nendment provides for an exchange ons for implementing the amendment of applicable, indicate N/A)	, reclassification, or cancellation at if not contained in the amend	of issued shares, ment itself:

The date of each amendmen	t(s) adoption: 11/01/09
Effective date if applicable:	11/01/09 (date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement of 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/we action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated	11/28/2009
Signature	The state of the s
	a director, president or other officer if directors or officers have not been
	cted, by an incorporator — if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
	Manually Davis
	Kenneth Roop
	(Typed or printed name of person signing)
	President
	(Title of person signing)