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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: INTEGRITY INSURAN	CE A DIVISION OF CROSSLET, INC.	
DOCUMENT NUMBER: P09000072	· · · · · · · · · · · · · · · · · · ·	
The enclosed Articles of Correction and fe	ee are submitted for filing.	
Please return all correspondence concerning	ng this matter to the following:	
JACK MILBERY		
Name of Contact Person		
MILBERY & KESSELMAN, CPA, PA	<u> </u>	
· Firm/Company		
2800 W. STATE ROAD 84, SUITE 10	5	
Address		
FORT LAUDERDALE, FL 33312 City/State and Zip Code		
JACK@MKCPAFIRM.COM E-mail address: (to be used for future annual r	eport notification)	
For further information concerning this m	atter, please call:	
JACK MILBERY Name of Contact Person	at (954) 583 3223 X101 Area Code & Daytime Telephone Number	
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Enclosed is a check for the following amo	<u> </u>	
✓ \$35.00 Filing Fee	\$43.75 Filing Fee & Certificate of Status	
\$43.75 Filing Fee & Certified Copy	\$52.50 Filing Fee, Certificate of Status & Certified Copy	
Mailing Address: Amendment Section	Street Address: Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF CORRECTION

for

INTEGRITY INSURANCE A DIVISION OF CROSSLET, INC Name of Corporation as currently filed with the Florida Dept. of State Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected. These articles of correction correct ARTICLES OF INCORPORATION (Document Type Being Corrected) filed with the Department of State on AUGUST 27, 2009 (File Date of Document) Specify the inaccuracy, incorrect statement, or defect: NAME OF CORPORATION - "INTEGRITY INSURANCE A DIVISION OF CROSSLET, INC. Correct the inaccuracy, incorrect statement, or defect: CORRECT NAME OF CORPORATION - INTEGRITY INSURANCE SPECIALIST, INC. (Signature of a director, president or other officer - if directors or officers have not been selected, by an inconforator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.) MARCIE C. SIEGEL **PRESIDENT**

Filing Fee: \$35.00

(Title of person signing)

(Typed or printed name of person signing)