

SEP-15-2010 SAT 03:29 AM

Division of Corporations

P. 001

Page 1 of 1

P100000064513

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H10000204732 3)))



H100002047323ABCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305) 444-4994
Fax Number : (305) 444-4977

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

Email Address: _____

20
RECEIVED
2010 SEP 15 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
FLORIDA PREMIER INSURANCE GROUP, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

FILED
2010 SEP 15 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amis

Electronic Filing Menu

Corporate Filing Menu

Help

Articles of Amendment
to
Articles of Incorporation
of

FLORIDA PREMIER INSURANCE GROUP, INC.

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

P10000064513

(Document Number of Corporation (if known))

FILED
10 SEP 15 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

5455 SW 8 STREET

STE: 220

CORAL GABLES, FL 33134

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

5455 SW 8 STREET

STE: 220

CORAL GABLES, FL 33134

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

JOEL LEON MENDEZ

New Registered Office Address:

5455 SW 8 STREET STE: 220

(Florida street address)

CORAL GABLES

(City)

Florida 33134

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.



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:
(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>D</u>	<u>JASON KILLINGS</u>	<u>180 GOLDEN BEACH DR</u> <u>GOLDEN BEACH FL 33160</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>P/D</u>	<u>JOEL LEON MENDEZ</u>	<u>5455 SW 8 STREET STE: 220</u> <u>CORAL GABLES, FL 33134</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>V/D</u>	<u>TANIA E. RIGUERO</u>	<u>5455 SW 8 STREET STE: 220</u> <u>CORAL GABLES, FL 33134</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

The date of each amendment(s) adoption: SEPT. 13, 2010

(date of adoption is required)

Effective date if applicable: _____

(no more than 90 days after amendment file date)

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)

☒ 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 SEPT. 13, 2010

Signature

(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)

JASON KILLINGS

(Typed or printed name of person signing)

D

(Title of person signing)