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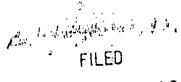
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	Stills Insurance,	Inc.				
DOCUMENT NUMBER:						
The enclosed Articles	The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all corre	spondence concerning this ma	tter to the following:				
	Elizabeth A. Rose					
	Name of Contact Person					
	Monarch Insurance Group					
	Firm/ Company					
	30 Skyline Drive, Suite 21	30				
	Address					
	Lake Mary, FL 32746					
		City/ State and Zip Cod	e			
info	o@mgroupfl.com					
4	E-mail address: (	to be used for future annua	l report notification)			
For further informatio	n concerning this matter, pleas	se call:				
Elizabeth Rose		407 at (	401-9149 )			
Name of Contact Person Area Code & Daytime Telephone		de & Daytime Telephone Number				
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:			
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle				

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



Stills Insurance, Inc.

2815 MAY 18 PM 2: 48

(Name of Corporation as	currently filed with the Flo	rida Dept, of State)	CONTROL DIRECTOR	F STATE
P10000075320			CRUIS TARY O IALLAHASSEE	. FLORIDA
(Documer	t Number of Corporation (if l	(nown)	Ash. A	- 3-1. 'Y
Pursuant to the provisions of section 607. Incorporation:	1006, Florida Statutes, this co	orporation adopts the f	following amendment(	s) to its Articles of
A. If amending name, enter the new na	me of the corporation:			
Monarch Insurance Agency, Inc.				The new
name must be distinguishable and con, "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp." "Inc," or "Co	o". A professional coi	corporated" or the a poration name must	hbreviation
		N/A		
B. Enter new principal office address, (Principal office address MUST BE A S		av 44-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4		_
•	·			<del>_</del>
				•
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		N/A		-
				_
D. If amending the registered agent an new registered agent and/or the new		ss in Florida, enter the	name of the	
	N/A			•
Name of New Registered Agent				
	(FI ) (	11		
	(Florida stre	et aaaress)		
New Registered Office Address:	(C)		rida(Zip Code)	-
	(City)		(Zīp Coāe)	
		•		
New Registered Agent's Signature, if c I hereby accept the appointment as regist		th and accept the obliga	ations of the position.	
Si	gnature of New Registered Ag	gent, if changing	<del></del>	

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	PT John D	doc	
X Remove	<u>V</u> <u>Mike J</u>	ones	
X Add	SV Sally S	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change		NIA	
Add			
Remove			<del> </del>
2) Change	<del></del>		
Add			
Remove			
3 ) Change			<del></del>
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove		•	
6) Change			
Add			
Remove			

4	Attach additional sheets, if necessary). (Be specific)
	A CONTRACTOR OF THE PROPERTY O
	an amendment provides for an exchange, reclassification, or cancellation of issued shares, rovisions for implementing the amendment if not contained in the amendment itself:
11	(if not applicable, indicate N/A)
<u>D</u>	
<u>p</u>	(y mir appression, marsino com)
<u>p</u>	(y mappinesse) massic (m)
<u>p</u>	·
<u>p</u>	
/A	
<u>p</u>	
<u>p</u>	
<u>p</u>	

4.	May 10, 2015	•
The date of each amendment(s) ad	option:	, if other than the
The date of each amendment(s) addate this document was signed.  May	10, 2015	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
'The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes east for the amendment(s) ficient for approval.	
	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes east i	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopaction was not required.	oted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adoptaction was not required.	nted by the incorporators without shareholder action and shareholder	
May 10, 20	015	
Dated		
Signature_	was Lase	**
selected	rector, president or other officer - if directors or officers have not been d, by an incorporator - if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	Elizabeth Rose	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	<del></del>