

PI1000093947

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

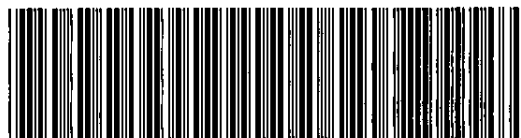
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/06/11--01034--002 **35.00

FILED

2011 DEC 16 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend

TBrown 12-19-11

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: PUBLIC TRUST INSURANCE CORP.
DOCUMENT NUMBER: P11000093947

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DARREN SCOTT
Name of Contact Person
PUBLIC TRUST INSURANCE CORP.
Firm/ Company
11870 N.W. 53rd COURT
Address
CORAL SPRINGS, FL 33076
City/ State and Zip Code
insurancemanf1@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DARREN SCOTT at (954) 253.4295
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 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

December 13, 2011

TO: The State of Florida Department of State, Division of Corporations

RE: Address Change for Public Trust Insurance Corporation

Please view the attached documents, which per your request, were completed correctly. Please call me, cell phone 954.253.4295, should you have any questions. Thank you very much for your assistance, it is greatly appreciated.

A handwritten signature in black ink, appearing to read 'Darren Scott', with a large, stylized initial 'D'.

Darren Scott

Public Trust Insurance Corporation

11870 NW 53rd Court Coral Springs, FL 33076



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 7, 2011

DARREN SCOTT
PUBLIC TRUST INSURANCE CORP
11870 NW 53RD COURT
CORAL SPRINGS, FL 33076

SUBJECT: PUBLIC TRUST INSURANCE CORP
Ref. Number: P11000093947

We have received your document for PUBLIC TRUST INSURANCE CORP 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 date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 011A00027388

Articles of Amendment
to
Articles of Incorporation
of

PUBLIC TRUST INSURANCE CORP

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

P11000093947

(Document Number of Corporation (if known))

FILED
2011 DEC 16 AM 9:01
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:

N/A

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)

11870 N.W. 53rd COURT
CORAL SPRINGS, FL 33076

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

11870 N.W. 53rd COURT
CORAL SPRINGS, FL 33076

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: DARREN SCOTT

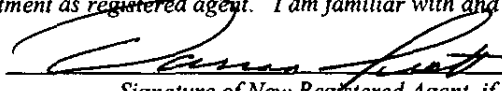
11870 N.W. 53rd COURT

(Florida street address)

New Registered Office Address: CORAL SPRINGS, Florida 33076
(City) (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
DARREN SCOTT

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)

<u>Title(s)</u>	<u>Name</u>	<u>Address</u>
1)_____	_____	_____ _____ _____
2)_____	_____	_____ _____ _____
3)_____	_____	_____ _____ _____
4)_____	_____	_____ _____ _____
5)_____	_____	_____ _____ _____
6)_____	_____	_____ _____ _____

If REMOVING an officer and/or director, please list the title(s) and name of the officer/director to be removed:

<u>Title(s)</u>	<u>Name</u>	<u>Title(s)</u>	<u>Name</u>
1)_____	_____	4)_____	_____
2)_____	_____	5)_____	_____
3)_____	_____	6)_____	_____

* NO OFFICERS AND/OR DIRECTORS
ARE BEING AMENDED OR REMOVED.

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

N/A

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)

N/A

The date of each amendment(s) adoption: _____

12-13-11

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

13 DEC 2011

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)

DARREN SCOTT

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)