P12000102702

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SECRETARY OF STATE SIVIENCE OR CORPORATIONS

1, Lew 15

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Blue Marlin	Insurance Grou	up, Inc.			
	BER: P1200010270					
	of Amendment and fee are su					
Please return all correspondence concerning this matter to the following:						
	Kate Mesic, Esquire					
		Name of Contact Perso	n			
	Law Offices of Kate Mesic, Esquire					
		Firm/ Company				
	6550 St. Augustine Road, Suite 305					
		Address				
	Jacksonville, FL 32217					
		City/ State and Zip Cod	e			
kat	e@mesiclaw.com	•	· '			
	E-mail address: (to be us	sed for future annual report	notification)			
For further information	n concerning this matter, pleas	se call:				
Kate Mesic, I	Esquire	at (904	, 619-2510			
Name of Contact Person			de & Daytime Telephone Number	_		
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:			
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address			Address			
	endment Section sion of Corporations	Amendment Section Division of Corporations				
	Box 6327	Clifton Building				
Tallahassee, FL 32314		2661 Executive Center Circle				
		I allana	assee, FL 32301			

Articles of Amendment to Articles of Incorporation of



Blue Marlin Insurance Group, Inc

14 OCT -3 PM 4: 11

(Name of Corporation as currently filed with the	Florida Dept. of State)
P12000102702	
(Document Number of Corporation	(if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office addressed of New Registered Agent N/A	
	street address)
New Registered Office Address: N/A	y) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familian	nt:
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)

1

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.

Example:				
X Change	<u>PT</u>	John Doe		
X Remove	<u>V</u> .	Mike Jones		
X Add	<u>sv</u> ·	Sally Smith		
Type of Action (Check One)	Title	Name	Address	
1) Change	S	Robert Barrett King	911 15th Avenue N.	
Add			Jacksonville, FL 32250	
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
5) Change Add		-		
Remove				
6) Change				
Add				
Remove				

	(Be specific)
/A	
<u> </u>	
• •	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and an analysis and analysis and an analysis analysis and an analysis and an analysis analysis and an analysis
provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and in the amendment itself:
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provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:

FILLU SECRETARY OF SHATE DIVISION OF CORPORATIONS

The date of each amendment(s) ado	DNON:	, ii other man me
date this document was signed.	14 OCT -3 RM 4: 14	
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than to days the amenament the date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.	
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by	(voting group)	
7	(voting group)	
The amendment(s) was/were adop action was not required.	ted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adop action was not required.	ted by the incorporators without shareholder action and shareholder	
Dated 2 2	5-14	
Signature	Ellie Men	
selected,	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	
_	Halie Miller	
	(Typed or printed name of person signing)	
_	President, DIRector	
	(Title of person signing)	•