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15 FEB -6 FM #2: 40

And

FEB 10 2015

R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations VICTORIA INSURANCE SERVICES INC. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JEM INSULANCE SERVICES FNC.

Firm/Company

Address 33 RATON FL 33 E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jonathan Moores at 561 649-5365

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: \$35 Filing Fee □\$52.50 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

Articles of Amendment to

Articles of Incorporation

	of		15_FEB -6	PH 12: 48
VICTORIA	Insur	ance	Servi	TH 12: 48 <u>ces</u> [N C.
(Name of Corporation as currently file	ed with the Florida	Dept. of State)	Tari Alkabe	E. FACINDA
\tau \tau \tau \tau \tau \tau \tau \tau	00000	0 690	>	(
(Document Number of C	Corporation (if know	ι)		
Pursuant to the provisions of section 607,1006, Florida sits Articles of Incorporation:	Statutes, this <i>Florida</i>	Profit Corpora	ation adopts the fo	llowing amendment(s) to
A. If amending name, enter the new name of the corr	poration:			
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered." "professional association," or the al	"Inc " or "Co". Z	ompany." or "i A professional c	ncorporated" or corporation name	The new the abbreviation must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	RESS)		· · · · · · · · · · · · · · · · · · ·	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX))			
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		lorida, enter t	he name of the	
Name of New Registered Agent				
	(Florida street addr	ess)		
New Registered Office Address:			lorida	
	(City)		(Zip Cod	le)
New Registered Agent's Signature, if changing Regist land the land land land land land land land land	am familiar with and		gations of the post	ition.
Signature of New	Registered Agent, ij	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)

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 <math>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 D	<u>oe</u>		
X Remove	<u>Y</u>	Mike J	<u>ones</u>		
X Add	<u>sv</u>	Sally S	<u>mith</u>		·
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		<u>Addres</u> s
1) Change	<u>V</u> _		JONAthan Mo	ores	23150-B
Add Add					Sandalfoot Plaza Dr.
Remove				•	SandalFoot Plaza Dr. Boca RATON, FL 33428
2) Change				.	
Add					
Remove					
3) Change		_		_	
Add					
Remove					
4) Change	<u></u>	_		_ 	
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)	
11/1	
•	
-	
_	
F. If an amendment provides for an exchange, reclassification	on, or cancellation of issued shares,
provisions for implementing the amendment if not conta	ined in the amendment itself:
(if not applicable, indicate N/A)	
N/A	
- NH	

The date of each amendment(s) ad	loption: 1-31-2015	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopty the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopaction was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopaction was not required.	pted by the incorporators without shareholder action and shareholder	
Dated	1-31-2015	
selected	rector, president or other officer – if directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	_
	ANA Mores (Typed or printed name of person signing)	_
	(Typed or printed name of person signing)	
	PresideNT	
•	(Title of person signing)	_