## P15000047428

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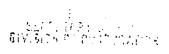
## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: TILLEY INSURA	NCE SOLUTIONS INC	
DOCUMENT NUME	BER: P15000047428		· · · · · · · · · · · · · · · · · · ·
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	LYN TILLEY		
	·	Name of Contact Person	1
	TILLEY INSURANCE	SOLUTIONS CORP	
		Firm/ Company	
	1101 SE 15 AVENUE		
		Address	
	DEERFIED BEACH,	FL 33441	
		City/ State and Zip Cod	е
	LTILLEY02@BELLSOU	TH NET	
<u></u>		sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
LYN TILLEY		at (_ 954	) 675-7457
Name o	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)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



15 JUN -2 PH 1: 56

	tly filed with the Florida Dept. of State)		
(Name of Corporation as current	O =		
TILLEY INSURANCE SOLUTIONS INC	7150000 47428		
(Document Number of	of Corporation (if known)		
rsuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	Florida Profit Corporation adopts the following amendment		
If amending name, enter the new name of the corporation:			
TILLEY INSURANCE SOLUTIONS CORP	The new		
me must be distinguishable and contain the word "corporati Torp.," "Inc.," or Co.," or the designation "Corp," "Inc," or ord "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the		
Enter new principal office address, if applicable:	1101 SE 15 AVENUE		
rincipal office address <u>MUST BE A STREET ADDRESS</u> )	DEERFIELD BEACH, FL 33441		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
	dress in Florida, enter the name of the		
(Mailing address MAY BE A POST OFFICE BOX)			
(Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office add			
(Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address new registered agent and/or the new registered office address			
(Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address registered agent and/or the new registered office address Name of New Registered Agent			
Mailing address MAY BE A POST OFFICE BOX  If amending the registered agent and/or registered office address registered agent and/or the new registered office address Name of New Registered Agent	<u>ss:</u>		

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.

Example: X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
_X Add	<u>sv</u>	Sally Sm	n <u>ith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add		_	-	
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

E. <u>If ame</u> (Attach	nding or adding additional Ar additional sheets, if necessary).	ticles, enter change( (Be specific)	<u>s) here</u> :		
					· <u> </u>
<del>-</del>					
			<u>.</u>		
provi	mendment provides for an exc sions for implementing the am if not applicable, indicate N/A)	hange, reclassificat endment if not cont	ion, or cancellatio ained in the amen	n of issued shares dment itself:	<u>s.</u>
N/A					·
				,	
			· · · · · · · · · · · · · · · · · · ·	<del>.</del>	
				<u>-</u>	

The date of each amendment	(s) adoption:		, if other tha	n the
late this document was signed			No. 18 Style Sylvens	
Effective date <u>if applicable</u> :	5/29/2015	CI.y		
	(no more	than 90 days after amendment file	atgUN -2 PM 1:56	
Note: If the date inserted in locument's effective date on the		applicable statutory filing requirenords.	ents, this date will not be listed a	ıs the
Adoption of Amendment(s)	( <u>CHECK ONE</u>	)		
The amendment(s) was/wer by the shareholders was/we		rs. The number of votes cast for the	amendment(s)	
		ers through voting groups. The follo tled to vote separately on the amend		
"The number of votes	cast for the amendment(s) w	/as/were sufficient for approval		
by		,,		
, <u></u>	(voting group)			
action was not required.		rectors without shareholder action ar		
action was not required.	e adopted by the incorporate	15 William Single Hollow and Single		
Dated_5/29	Lyn Til	ly		
Se		er officer – if directors or officers hat if in the hands of a receiver, trustee, uciary)		
	LYN TILLEY			
	(Typed or p	rinted name of person signing)		
	SECRETARY			
		(Title of person signing)		