P16000004816

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AUG 1 7 2016 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: US Coastal Proper	ty & Casualty Insurance Co	mpany	
DOCUMENT NUMB				
	of Amendment and fee are su	ibmitted for filing.		
Please return all corresp	oondence concerning this ma	tter to the following:		
J	Julia W. Knight			
_		Name of Contact Person		
τ	US Coastal Property & Casu	alty Insurance Company		
_		Firm/ Company	·········	
3	301 NW 138th Terrace			
-		Address		
J	onesville, Florida 32669-279	94		
_		City/ State and Zip Code	}	
iknight	@cabgen.com			
	-	sed for future annual report	notification)	
		,	-	
For further information	concerning this matter, pleas	se call:		
Julia W. Knight		352	224-2820, ext. 166	
Name of	f Contact Person	at (Area Coo	224-2820, ext. 166 de & Daytime Telephone Number	
Enclosed is a check for	the following amount made			
		F.,		
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	ing Address	Street A	<u>Address</u>	
	idment Section		ment Section	
	ion of Corporations	Division of Corporations		
	Box 6327 hassee, FL 32314		Building xecutive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

211	Coastal	Property	&	Casualty	Insurance	Compan	v
\mathbf{u}	Cuantai	TIODCITY	ĸ	Casuaity	mourance	Compan	Y

(<u>Name</u>	of Corporation as currer	itly filed with the Florida De	pt, of State)			
P16000004816						
	(Document Number	of Corporation (if known)				
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, thi	is Florida Profit Corporation	adopts the following	amendi	ment	(s) t
A. If amending name, enter the new na	ame of the corporation:		· 7	The no		
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professional corpo	porated" or the abb	reviati	ion	
B. Enter new principal office address,	if applicable:	N/A			_	
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)		 حد	c:	~ <u>~</u>	
				,¥	<u> </u>	1.*
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	>> >> >> >> >> >> >> >> >> >> >> >> >>)))) ****	8- 5N¥	1 - 1 - 1 -
(Mutting uturess MAT BE A TOST)	OFFICE BOX)			(D	7	
					<u>က</u> က	ν,
D. If amending the registered agent an new registered agent and/or the new			ame of the		_	
Name of New Registered Agent	N/A	_				
Hame of New Registered Agent						
	(Florida :	street address)	.			
New Registered Office Address:	N/A		_, Florida			
-		(City)	(Zip Co	de)	_	
New Registered Agent's Signature, if c I hereby accept the appointment as regist			ons of the position.			
	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)

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)	<u>Title</u>	<u>Name</u>	Address
1) Change	D	John D. Lockhart	301 NW 138th Terrace
Add X Remove			Jonesville, Florida 32669-2794
2) Change	D	Bradley M. Jones	301 NW 138th Terrace
X Add			Jonesville, Florida 32669-2794
Remove			
3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			·
5) Change			
Add			
Remove			
6) Change			•
Add			
Pamous			

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	
	······································

July 2	7, 2016
The date of each amendment(s) adoption:,	, if other than th
date this document was signed.	
July 27, 2016 Effective date <u>if applicable</u> :	
()	no more than 90 days after amendment file date)
Note: If the date inserted in this block does not document's effective date on the Department of Sta	meet the applicable statutory filing requirements, this date will not be listed as thate's records.
Adoption of Amendment(s) (CHEC	CK ONE)
☐ The amendment(s) was/were adopted by the sha by the shareholders was/were sufficient for app	reholders. The number of votes cast for the amendment(s) roval.
	nareholders through voting groups. The following statement oup entitled to vote separately on the amendment(s):
"The number of votes cast for the amendn	
by(voting	"
(voting	group)
The amendment(s) was/were adopted by the boa action was not required.	ard of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the inc action was not required.	orporators without shareholder action and shareholder
Dated 8-2-20	Σι φ
Dated 8-2-20 Signature Hoshu	
	nt or other officer – if directors or officers have not been
selected, by an incorporation appointed fiduciary by	orator – if in the hands of a receiver, trustee, or other court that fiduciary)
Ronda L. Losh	onkohl .
(Ty	ped or printed name of person signing)
Director	
	(Title of person signing)