

P930000 19145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

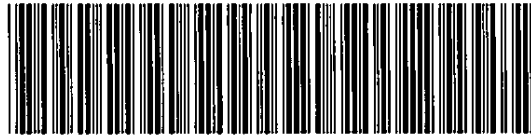
(Business Entity Name)

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RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
FILED
2009 JUL -1 PM 09:08 -1 PM 1:07
NOT INTENDED FOR SECRETARY OF STATE
TO ACKNOWLEDGE RECEIPT
SUFFICIENCY OF FILING
TALLAHASSEE, FLORIDA

7/1/09
TL

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ASSOCIATED INDUSTRIAL INSURANCE SERVICES INC.

DOCUMENT NUMBER: P93000019145

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

Please return all correspondence concerning this matter to the following:

ANNE MARIE CRAFT

Name of Contact Person

STILES, TAYLOR, AND GALE P.A.

Firm/ Company

P.O. Box 1140

Address

TALLAHASSEE / FL 32302

City/ State and Zip Code

acraft@stileslawfirm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANNE MARIE CRAFT

Name of Contact Person

at (850) 222-2229

Area Code & Daytime Telephone Number

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

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

STILES, TAYLOR & GRACE

PROFESSIONAL ASSOCIATION
ATTORNEYS AND COUNSELORS AT LAW

MARY ANN STILES
RAYFORD H. TAYLOR *
ROBERT J. GRACE, JR.
JOHN S. (JAKE) SMITH
HEATHER M. BYRER
CAROL KAMEL SHALABY
FELICE D. RIVERS
STEPHEN B. WILSON

ISAREL J. BURDICK
GARY G. CARPENTER
JOHN M. CASERTA
ANNEMARIE CRAFT
BRIGETTE P. CROMWELL
HEATHER S. DENKER

Reply To:

P.O. Box 1140
TALLAHASSEE, FL 32302
850-222-2229
FAX: 850-561-3642

ARLENE FRANCONERO
MINA GRACE
JOHN E. HANKAL
LEESA L. POWELL
JESSICA SANTIAGO
JACK A. WEISS

Paralegals
GLENDA STILES LUCONTRO
BRENDA L. SHOUBE

* Member of Georgia Bar

July 1, 2009

ATTN: JUDY
Secretary of State
Division of Corporations


VIA FAX: 850-245-6893

Re: Name Change

To Whom It May Concern:

Amtrust North America Incorporated is the principle owner of Associated Industries Insurance Service, Inc. and authorizes the name of the corporation to be changed to Amtrust North America OF FLORIDA Incorporated.

Very truly yours,


Per POWER OF ATTORNEY
Stephen Unger

Articles of Amendment
to
Articles of Incorporation
of

ASSOCIATED INDUSTRIES INSURANCE SERVICES, INC

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

993000019145

(Document Number of Corporation (if known))

FILED
09 JUL -1 PM 1:07
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:

AMTRUST NORTH AMERICA OF FLORIDA, INC

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)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

(Florida street address)

(City)

, Florida

(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

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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

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)

The date of each amendment(s) adoption: JUNE 20, 2009
(date of adoption is required)

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 7/1/09

Signature John Caserta
(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)

JOHN CASERTA
(Typed or printed name of person signing)

ATTORNEY
(Title of person signing)