

P95000093773

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100054261341

qss

05/12/05--01038--008 **43.75

FILED
2005 MAY 12 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name Change

COMMERCIAL RISK SERVICES, INC.

May 11, 2005

Florida Department of State
Divisions of Corporations
Attention Amendment Department
409 E. Gaines Street
Tallahassee, FL 32399

Re: Articles of Amendment for Commercial Risk Services, Inc.

To Whom It May Concern:

I am writing this letter in connection with the articles of amendment for the above mentioned corporation. Enclosed is a check for the following:

1 certified copy of the articles of amendment (1 copy included)
at \$8.75 per copy = \$8.75
Charge for articles of amendment = \$35.00

Total = **\$43.75**

If there are any problems or questions please call me at, 954 493 6565 extension 340.
Thank you so much for your assistance. Additionally, if there is any way to expedite this request I would be grateful. Thanks again for your help.

Sincerely,



Michael Goldstein
Associate General Counsel

FILED

Articles of Amendment
to
Articles of Incorporation
of

2005 MAY 12 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Commercial Risk Services, Inc.

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

P95000093773

(Document number of corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

AequiCap Insurance Agency, Inc.

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (**BE SPECIFIC**)

Article I - to be amended for change of address only

new address is:

3000 West Cypress Creek Road

Fort Lauderdale, FL 33309

(Attach additional pages if necessary)

If an amendment provides for 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)

(continued)

The date of each amendment(s) adoption: 5/10/05

Effective date if applicable: 5/10/05
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

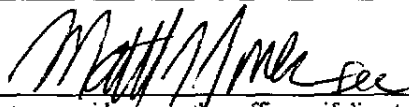
- ☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each 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.

Signed this 10th day of May, 2005.

Signature


(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)

Matthew T. Jones

(Typed or printed name of person signing)

Secretary, Vice-President

(Title of person signing)

FILING FEE: \$35