nDDDD 41305 Requester's Name Southern Family Insurance 511 W. Bay Street, Suite 400 Tampa, FL 33606-2700 Office Use Only COM CIVILIAN MAINTE(S) & DUCUMENT MUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) ☐ Walk in Certified ☐ Pick up time Photocopy ■ Mail out Will wait Certificate AMENDMENTS **NEW FILINGS** Amendment Profit Resignation of R.A., Officer/Director Not for Profit Change of Registered Agent Limited Liability 1968 100 July 2007 July 1960 July 19 Dissolution/Withdrawal Domestication Other Merger REGISTRATION/QUALIFICATION OTHER FILINGS

Annual Report

Fictitious Name

Foreign

Limited Partnership

Reinstatement

Trademark

Other

Examiner's Initials

CR2E031(7/97)



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

June 27, 2002

SOUTHERN FAMILY INSURANCE 511 W. BAY STREET, SUITE 400 TAMPA, FL 33606-2700

SUBJECT: SOUTHERN FAMILY INSURANCE MANAGERS, INC.

Ref. Number: P96000041305

We have received your document for SOUTHERN FAMILY INSURANCE MANAGERS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

The date of adoption/authorization of this document must be a date on or prior to submitting the document to this office, and this date must be specifically stated in the document. If you wish to have a future effective date, you must include the date of adoption/authorization and the effective date. The date of adoption/authorization is the date the document was approved.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain Corporate Specialist

Letter Number: 802A00041250

ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION

Southern Family Insurance Managers, Inc.
(present name)
P96000041305
(Document Number of Corporation (If known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: (indicate article number(s) being amended, added or deleted)

ARTICLE I: NAME is hereby amended.

The name of the corporation shall be Poe Insurance Managers, Included ARTICLE II. NAME is hereby amended.

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, are as follows:

The adoption date of the amendment is June 21, 2002. The effective date of the amendment is July 1, 2002. **THIRD:** The date of each amendment's adoption: FOURTH: Adoption of Amendment(s) (CHECK ONE) The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) 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. 2002 Signature (By the Chairman or Vice Chairman of the Board & Directors, President or other officer if adopted by the shareholders) **OR** (By a director if adopted by the directors) OR. (By an incorporator if adopted by the incorporators) William F. Poe, Jr. (Typed or printed name)

Chairman of the Board

(Title)