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COVER LETTER

TO: Americanent Section Division of Corporations
NAME OF CORPORATION: Tucker-Mills Insurance Age
DOCUMENT NUMBER: P96000 100762
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Christina Tucker Name of Contact Person
Tucker-Mills Ins. Agy Inc
1343 Mahan Dr Address
Ta11, F2 32308
City/ State and Zip Code Tucker 1/15 8/ 6 Yaha. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MISTRATUCKER at (850) 67/5200 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee \& Certificate of Status \$\Bigcup \\$43.75 Filing Fee \& Certificate of Status \$\Bigcup \\$43.75 Filing Fee \& Certificate of Status \$\Bigcup \\$643.75 Filing Fee \& Cert
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

Articles of Amendment 10 AUG 30 FM 3: N2 SECHEFICIANT OF STATE ORION to **Articles of Incorporation** (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: A. If amending name, enter the new name of the corporation: 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: (Florida street address) New Registered Office Address: , Florida (Zip Code) (City) 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)

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. If amen	ding or adding additional Artic	les, enter change(s) here:	
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. If an ai	mendment provides for an exch	ange, reclassification, or can	cellation of issued shares.
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The date of each amendment(s) ad	antian: 8/26/10
The date of each amendment(s) ad	(date of adoption is jequired)
Effective date if applicable:	8/86/10
(no i	nore than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
he amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval
by	"
(voti)	ng group)
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder
Dated	3/20/10
Signature	Kustra Ducke
(By a dire	ector, president or other officer - if directors or officers have not been
	by an incorporator – if in the hands of a receiver, trustee, or other court I figure from that fiduciary)
арроппес	inductary by that inductary)
(hostina Tucker
*****	(Typed or printed name of person signing)
	Pres / Reg. Agent
-	(Title of person signing)