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Attorneys at Law
Centre Square
1505 N. Florida Avenue
TAMPA, FLORIDA 33602-2613
(813) 229-0900
Fax (813) 229-3323

In reply address firm at P. O. Box 800 Tampa, Florida 33601-0800

Web Site: www.kasslaw.com

Writer's Direct Number: 229-0900 Ext. 1354 Legal Assistant Ext. 1351

E-Mail: RTrybus@kasslaw.com

September 14, 2004

Florida Department of State Division of Corporations – Amendment Section Post Office Box 6327 Tallahassee, Florida 32314

SUBJECT: Articles of Amendment for Sun Care Insurance, Inc.

Dear Sir/Madam:

Enclosed is an original and one (1) copy of the Articles of Amendment for Sun Care Insurance, Inc. Also enclosed is a check for \$35.00 payable to the Florida Department of State for the filing fee.

If you have any questions or need more information concerning this matter, please do not hesitate to contact me.

Ronald H. Trybus, Esquire

FILED 04 SEP 17 PM 2:54 SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT

OF

SUN CARE INSURANCE, INC.

The undersigned Corporation, in accordance with the Florida General Corporation Act and its Bylaws, hereby adopts the following Articles of Amendment:

ARTICLE I: NAME

The name of the Corporation is: SUN CARE INSURANCE, INC.

ARTICLE II: AMENDMENT

Article I of this Corporation's Articles of Incorporation is hereby amended (the "Amendment") in its entirety so as to read, after Amendment, as follows:

"ARTICLE I: NAME

The name of the Corporation shall be: SUN CARE OF TAMPA BAY, INC."

ARTICLE III: ADOPTION

The Amendment has been adopted and approved by consent of all of the Directors and Shareholders of the Corporation pursuant to 607.1002 Florida Statutes.

The Amendment shall become effective upon the filing with the Florida Secretary of State. The date of adoption was August 18, 2004.

IN WITNESS WHEREOF, the undersigned has executed and signed these Articles of Amendment on behalf of the Corporation this 10th day of september, 2004.

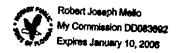
SUN CARE INSURANCE, INC.

Albert Fioritta, President

STATE OF FLORIDA COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 10th day of Sept., 2004, by ALBERT FIORITTA, as President of SUN CARE INSURANCE, INC., a Florida

corporation, on behalf of the Corporation.	ALBERT FIORITTA is personally known to me	or
has produced	as identification and did not take an oath.	



Robert Philip NOTARY PUBLIC - State of Florida Print/Stamp Name: My Commission Number: My Commission Expires: