547266

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8/12/14

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: Standard Prer	nium Finance Mana	gement Corporation			
DOCUMENT NUMBE						
	f Amendment and fee are sub	omitted for filing.				
Please return all corresp	ondence concerning this mat	ter to the following:				
\	William J. Koppeli	mann				
<u>-</u>	Name of Contact Person					
	Standard Premium Finance Management Corporation					
_		Firm/ Company				
13590 SW 134 Avenue, Suite 214						
_		Address				
ľ	Miami, Florida 33186					
_	-	City/ State and Zip Code				
dage	o@standardprem	ium.com				
<u> </u>		ed for future annual report r	notification)			
For further information concerning this matter, please call: William J. Koppelmann at (305) 232-7040						
	Contact Person	at (at Cod	le & 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)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Amen Divis P.O. I	ng Address adment Section ion of Corporations Box 6327 hassee, FL 32314	Amendi Division Clifton 2661 Ex	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301			

Articles of Amendment to Articles of Incorporation

FILED PM 2: 17

	iled with the Florida Dept. of State	125 1 11 11 11 11 11 11 11 11 11 11 11 11	EE, FLUM
S47266		TALLAHASSI	,,
(Document Number of	f Corporation (if known)	D.	_
ursuant to the provisions of section 607.1006, Florida s Articles of Incorporation:	a Statutes, this Florida Profit Corpor	ation adopts the following	ng amendmer
. If amending name, enter the new name of the co	orporation:		
			The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	o," "Inc," or "Co". A professional		
B. <u>Enter new principal office address, if applicable</u> Principal office address MUST BE A STREET ADI			_
. 2			-
			_
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>		_
			_
			_
 If amending the registered agent and/or registe new registered agent and/or the new registered 		the name of the	
-	OTTER MANAGEMENT		
Name of New Registered Agent		<u></u>	
 .	(Florida street address)		
	,	Florida	_
New Registered Office Address:		(Zip Code)	
			_

Page 1 of 4

Signature of New Registered Agent, if changing

The date of each amendment(s) add date this document was signed.	option: February 14, 2011	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adop by the shareholders was/were suff	ited by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	oved 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	(voting group)	
	(voting group)	
The amendment(s) was/were adop action was not required.	sted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adop action was not required.	sted by the incorporators without shareholder action and shareholder	
_{Dated} July 30, 2	2014	
Signature_	Xymm	
(By a dif- selected	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 diductary by that fiductary)	
\	William J. Koppelmann	
-	(Typed or printed name of person signing)	
F	President	
_	(Title of person signing)	