

Y03998

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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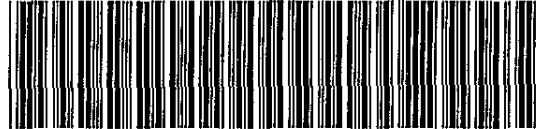
(Business Entity Name)

(Document Number)

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05 SEP - 6 AM 8:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Amend

T BROWN SEP - 8 2005

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** FEDERATED NATIONAL INSURANCE COMPANY

**DOCUMENT NUMBER:** V03998

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Becky Campillo  
21<sup>st</sup> Century Holding Company  
3661 West Oakland Park Blvd., Suite 300  
Lauderdale Lakes, FL 33311

For further information concerning this matter, please call:

Becky Campillo at (954) 308-1257

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional Copy is<br>Enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|--|--|---|---|

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

**ARTICLES OF AMENDMENT  
OF  
ARTICLES OF INCORPORATION  
OF  
FEDERATED NATIONAL INSURANCE COMPANY  
  
DOCUMENT NO.: V03998**

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05 SEP -6 AM 8:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

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):**

NOT APPLICABLE

(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.")

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

**ARTICLE I.           Name**

The name of the corporation shall be **FEDERATED NATIONAL INSURANCE COMPANY**.  
The principal place of business of this corporation shall be *3661 West Oakland Park Boulevard, Suite 300, Lauderdale Lakes, Florida 33311*.

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)

*N/A*

**The date of each amendment(s) adoptions:**           August 16, 2005

**Effective date if applicable:**           N/A  
(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 amendments(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 11<sup>th</sup> day of August, 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)

Michael H. Braun

(Typed or printed name of person signing)

President

(Title of person signing)

**FILING FEE: \$35**