P13000001866

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: WE INSURE GR	ROUP, INC.					
DOCUMENT NUMBER: P13000001866						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following.						
KATHLEEN H. COLD						
	Name of Contact Person					
LIPPES MATHIAS, LLP						
	Firm/ Company					
10151 DEERWOOD PARI	K BLVD BLDG 300 STE 300					
	Address					
JACKSONVILLE, FLA 32	202					
	City/ State and Zip Code					
kcold@lippes.com						
E-mail address: (to be	used for future annual report notification)					
For further information concerning this matter, please call:						
KATHLEEN COLD	at (904) 265-5681					
Name of Contact Person	Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made	le payable to the Florida Department of State:					
\$35 Filing Fee & Certificate of Status						
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					

Articles of Amendment to Articles of Incorporation of

WE INSURE GROUP, INC.	
(Name of Corporation as current	ly filed with the Florida Dept. of State)
P13000001866	
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. <u>If amending name, enter the new name of the corporation:</u>	
VISALI FAMILY INVESTMENTS, INC.	The new
name must be distinguishable and contain the word "corporation," " "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A."	company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	13224 MANDARIN ROAD
(Principal office address MUST BE A STREET ADDRESS)	JACKSONVILLE, FLA 32223
C. Enter new mailing address, if applicable;	S 2
(Mailing address MAY BE A POST OFFICE BOX)	
	000
	~ ~
D. If amending the registered agent and/or registered office add	ress in Florida, enter the name of the
new registered agent and/or the new registered office address	
Name of New Registered Agent	1 10: 5
(Florida at	reet address)
(*	
New Registered Office Address:	(City) , Florida (Zip Code)

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)	Title	Name	Address
1) Change			
Add			
Remove			
2)Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change		· · · · · · · · · · · · · · · · · · ·	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding additional Artic tach additional sheets, if necessary).	(Be specific)
·	
· · · · · · · · · · · · · · · · · · ·	
<u> </u>	
n amandment provides for an excl	hange, reclassification, or cancellation of issued shares,
ovisions for Implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	

The date of each amendment(s) adopt date this document was signed.	ion:	, if other than the
3		
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirements, this date we ment of State's records.	vill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without shareholder action a	nd shareholder
■ The amendment(s) was/were adopted by the shareholders was/were suffici	by the shareholders. The number of votes cast for the amendment(s) ent for approval.	
• • • • • • • • • • • • • • • • • • • •	ed by the shareholders through voting groups. The following statement is voting group entitled to vote separately on the amendment(s):	
"The number of votes east for t	he amendment(s) was/were sufficient for approval	
by	<u> </u>	
	(voting group)	
selected, by	or, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court iduciary by that fiduciary)	
РНІ	LIP VISALI	
	(Typed or printed name of person signing)	
PRE	SIDENT	
	(Title of person signing)	