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TO: Amendment Section
Division of Corporations

NAME OF COR	PORATION:	INSURE AMERICA GROUP, INC.				
DOCUMENT NUMBER: 329217						
The enclosed Arti	cles of Amendment and fo	ee are submitt	ed for filing.			
Please return all c	orrespondence concerning	g this matter to	the following	:		
	• · · · · · · · · · · · · · · · · · · ·	COREY				
		Name of Con	tact Person			
		CERTISU				
		Firm/ Co	mpany			
	1801 HOBBS RD.					
		Addr	ess			
	AI		E, FL 33823			
		City/ State and	d Zip Code			
	CKEITH@E E-mail address: (to be	MPLOYAME used for future a	RICAINC.CC	oM fication)		
For further inform	ation concerning this mat	ter, please cal	l:			
	COREY KEITH	at (_	863	401-	3686	
Name	e of Contact Person		Area Code & Da	aytime Telepho	ne Number	
Enclosed is a chec	k for the following amour	nt made payab	ole to the Floric	la Departme	nt of State:	
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Mailing Address			t Address			
	Amendment Section Amendment Section					
	Division of Corporations Division of Corporations					
P.O. Box 6327 Clifton Building						
Tallahassee FI 32314 2661 Evecutive Center Circle						

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation** of

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2009 JUI
2009 JUL -6 AM 10:55 TALLAHASSEE, ELSTATE
TAHASSEE E STATE

INSURE AMERICA GROUP, INC. (Name of Corporation as currently filed with the Florida Dept. of State) E. FLORIDA 329217 (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:

CER	RTISURE, INC	The
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro	designation "Corp," "Inc," of	r "Co". A professional corpora
3. Enter new principal office address, if app Principal office address <u>MUST BE A STREE</u>		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE)		
	<u></u>	
D. If amending the registered agent and/or registered agent and/or the new registered agent and/or the new registered Agent:		orida, enter the name of the
new registered agent and/or the new regis	stered office address:	

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)

Address **Type of Action** <u>Title</u> **Name** ☐ Add ☐ Remove ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an 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)

The date of each amendment(s) adoption: JUNE 29, 2009
Effective date if applicable:	JUNE 29, 2009 (date of adoption is required)
	(no more than 90 days after amendment file date)
	(CVIDEN AVE)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were by the shareholders was/were	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
	e approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
	ast for the amendment(s) was/were sufficient for approval
by	" (voting group)
action was not required.	e adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder
Dated	6/29/09
selec	a director, president of other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary) ——————————————————————————————————
	(Typed or printed marke of person signing) (Title of person signing)