Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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From:

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Enter the email address for this business entity to be used for fur its annual report mailings. Enter only one email address please.

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN UNITEDHEALTHONE AGENCY, INC.

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Corporate Filing Menu

Help

COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ	TECT: UnitedHealthOne Agency, Inc.	of Corporation
ክብሮ	UMENT NUMBER: F07000003809	o. ou.paului
	nclosed Amendment and fee are subm	itted for filing
	e return all correspondence concerning	•
1 ICGS	o tetuti tii entrasponamico concernin	, and taken to the following.
	Name of Contact Person	
	Pirm/Company	
	Address	
	City/State and Zip Code	
	City/State and Zip Cook	•
	ogle@unitedhealthone.com 2-mail address: (to be used for future anni	ual report notification)
	urther information concerning this mat	
	Name of Contact Person	at (
Enclo	sed is a check for the following amount	nt:
	\$35.00 Filing Fee \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fce & Certified Copy (Additional copy is enclosed) \$52.50 Filing Fce, Certified Copy (Additional copy is enclosed)
Amen Divisi P.O. I	ing Address: adment Section ion of Corporations Box 6327 hassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I (1-3 must be completed)

	F07000003809					
	(Document number	er of corporation (i	f known)			
1. UnitedHealthOne Agency, Inc.					%_	
	me of corporation as it appears	s on the records of	the Department of St	atc)		ज
\			•	•		AP
2. Indiana		3, 07/2			55	ಸ ⊸>
(Incorporate	ed under laws of)		Date authorized to de	business in P		12
					9	2
	A1 12 1				FE S	_ <u>-</u>
	SE (4-7 COMPLETE ONLY	CTION II	HE CHANCES)		22 22	, ' T
	(4-) COIM EDIDONAL	THE MILITUME			DA	Š
4. If the amendment changes	the name of the corporati	ion, when was t	he change effecte	i under the	laws of	
its jurisdiction of incorpor	-		•			
un Intiantation of monthor.						
 gethealthinsurance.com Agency (Name of corporation after 						
(If new name is unavailable business in Florida)	if not contained in new n	•	,	purpose of	transacting	<u></u>
6. If the amendment changes	the period of duration, in	dicate new peri	od of duration.			
	(Ne	ew duration)				
7. If the amendment changes	the jurisdiction of incorpo	oration, indleate	new jurisdiction	,		
	(Nev	w jurisdiction)				
8. Attached is a certificate or 90 days prior to delivery of having custody of corporat	document of similar import the application to the Decercion in the jurisdiction to the periodic in the periodi	ort, evidencing partment of Sta on under the lav	the amendment, a te, by the Secreta vs of which it is is	uthenticated ry of State c icorporated.	i not more r other off	than icial
Rhd (.	Frollewan			-		
(Signature of a director, of a receiver or other co	president or other officer - if in ourt appointed fiduciary, by tha	n the hands at fiduciary)				
Richard C. Sullivan			Secretary			
(Typed or printed na	ame of person signing)		(Title of person	signing)		

STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF FACT

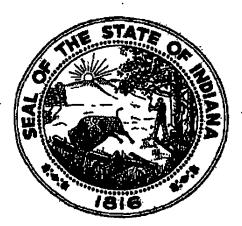
To Whom These Presents Come, Greeting:

I, CONNIB LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the state of Indiana, the custodian of corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

GETHEALTHINSURANCE.COM AGENCY INC.

filed a Restatement of Articles of Incorporation on April 7, 2015 with the effective date of June 30, 2015 changing their name from Unitedhealthone Agency, Inc. to Gethendthinsurance.com Agency Inc.



In Witness Whereof, I have hereunto est my hand and affixed the seal of the state of Indiana, at the City of Indianapolis, this Tuesday, April 21, 2015

Course Hamon

CONNIE LAWSON, Secretary of State

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