

To:

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2024-03-07 13:28:48 CST

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Florida Department of State  
Division of Corporations  
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**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
MEDICARECOMPAREUSA, INC.**

Certificate of Status	0
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Page Count	04
Estimated Charge	\$35.00

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2024 MAR -7 AM 10:54  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FL

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Corporate Filing Menu

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Fax Audit #H24000090784 3

**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)**

F16000004286

(Document number of corporation (if known))

1. MedicarecompareUSA, Inc.  
(Name of corporation as it appears on the records of the Department of State)
2. Washington 3. 9/26/2016  
(Incorporated under laws of) (Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? Fairhaven Insurance Solutions, Inc.
5.   
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)
- (If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction

(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent 

(Florida street address)

New Registered Office Address  Florida   
(City) (Zip Code)**New Registered Agent's Signature, if changing Registered Agent:**

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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9. If the amendment changes person, title or capacity in accordance with 607.1504 (3), indicate that change.

<u>Title / Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to the day of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

Gerald Reilly

(Typed or printed name of person signing)

(Signature of a director, president or other officer or in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

CFO

(Title of person signing)

FILING FEE \$35.00

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UNITED STATES OF AMERICA

The State of  Washington

Secretary of State

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this certificate that according to records on file in this office,

ARTICLES OF AMENDMENT

To

MEDICARECOMPAREUSA, INC.,

a Washington profit corporation whereby the corporate name is changed to

FAIRHAVEN INSURANCE SOLUTIONS, INC.,

were received and filed by this office on February 22, 2024

with an effective date of February 22, 2024.

Issued Date: 03/06/2024  
UBI Number: 603 107 946



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Steve R. Hobbs, Secretary of State

Date Issued: 03/06/2024