

PO40000014333

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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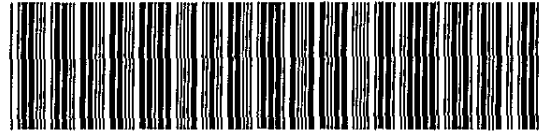
(Business Entity Name)

(Document Number)

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STATE
TALLAHASSEE, FLORIDA

04 APR - 8 AM 11:06

FILED

NC
MAD 4/15

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CORPORATION NAME CHANGE

DOCUMENT NUMBER: PO4000014333

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

Please return all correspondence concerning this matter to the following:

DENNIS C. STONE
(Name of Person)

PEOPLES HEALTH INSURANCE, COM, INC.
(Name of Firm/ Company)

542 OLD OAK CIRCLE
(Address)

PALM HARBOR, FLORIDA 34683
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

DENNIS STONE at (727) 639-3786
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee

Certificate of Status Certified Copy Certificate of Status
(Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

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

Street Address
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Articles of Amendment
to
Articles of Incorporation
of

PEOPLES HEALTH INSURANCE, INC.
(Name of corporation as currently filed with the Florida Dept. of State)

PO4000014333
(Document number of corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Corporation adopts the following amendment(s) to its Articles of Incorporation

NEW CORPORATE NAME (if changing):

PEOPLES HEALTH INSURANCE. Com, INC.
(must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")

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

NONE

(Attach additional pages if necessary)

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

FILED
CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF
DADE, FLORIDA
APR - 8 AM 10:06

The date of each amendment(s) adoption: 04-01-04

Effective date if applicable: 04-01-04
(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 amendment(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 1ST day of APRIL, 2004.

Signature

Dennis P. Stone
(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)

DENNIS P. STONE
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)