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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	ATION: AFFORDABLE H	OME INSURANCE, INC.			
DOCUMENT NUMB					
	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	Trevor K. Brewer				
		Name of Contact Perso	n		
	BrewerLong PLLC				
-		Firm/ Company			
	620 N Wymore Rd Ste 270				
•	Address				
	Maitland, FL 32751				
		City/ State and Zip Cod	e		
dennis	sjr@ahifl.com				
.	E-mail address: (to be us	sed for future annual report	notification)		
	concerning this matter, pleas				
Trevor K Brewer (tbrewer@brewerlong.com)		at (
Name o	f Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State;		
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Ameno Divisio	Address Iment Section on of Corporations Building		

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

AFFORDABLE HOME INSURANCE, INC.

(Name of Corporation as currently f	iled with the Florida Den	t. of State)	
P05000161170	the five load trep	a or cruit	
(Document Number of C	orporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Articles of Incorporation:	orida Profit Corporation a	dopts the fol	lowing amendment(s)
A. If amending name, enter the new name of the corporation:			
INSURANCE AFFORDABLE, INC.			The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	". A professional corpora		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			
		<u></u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		-	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the nan	ne of the	· · · · · · · · ·
Name of New Registered Agent		-	
(Florida street	address)		<u> </u>
New Registered Office Address:		. Florida	
	ityi	1 7011010	(Zīp Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	h and accept the oblication	ıs at thi lli ssi	tion -
The second secon	. and accept the ornigation	SEGRETA LAHAS	E
Signature of New Reg	istered Agent, if changing	1 (5.30 Xg	ום ר

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	<u>PT</u>	John Doe				
X Remove	<u>V</u>	Mike Jones				
X Add	_ <u>sv</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s			
1) Change Add						
Remove						
2) Change						
Add Remove			 			
3) Change						
Add						
4) Change						
Add						
Remove			.,			
5) Change Add						
Remove						
6) Change						
Add						

attach addition	al sheets, if necessary).	(Be specific)			
·					
					
_			*. 116.		
					<u></u>
				• •	
<u>an amendm</u> arovicione fo	nt provides for an exchainmplementing the amen	<u>ange, reclassificatio</u>	on, or cancellation	of issued shares,	
if not ap.	licable, indicate N/A)	idiletti ii noi coma	med in the amendi	nenensen.	
12	· · · · · · · · · · · · · · · · · · ·				
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				<u>-</u>	

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	· ···
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this l document's effective date on the De	block does not meet the applicable statutory filing requirements, this date we partment of State's records.	ill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONF</u>)	
■ The amendment(s) was/were ad- by the shareholders was/were st	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.	
	proved by the shareholders through voting groups. The following statement 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 addaction was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
DatedJun 20,	2017	
	nis P Gagnon, Jr.	
(By a c selecte	lirector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ited fiduciary by that fiduciary)	
	Dennis Gagnon Jr.	
	(Typed or printed name of person signing)	 -
	President	
	(Title of person signing)	