## 707000047333

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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: EAST COAST HE	ALTH INSURANCE, INC		
DOCUMENT NUMBI	P07000047333			
The enclosed Articles o	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
\$	Simona Burshteyn, Esq.			
<del>-</del>		Name of Contact Persor		
]	First Legal P.A.			
_		Firm/ Company		
2	2450 Hollywood Blvd. Ste 30	05		
-		Address		
1	follywood, FL 33020			
-		City/ State and Zip Code	<u> </u>	
Sbursh	teyn@firstlegalpa.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information Simona Burshteyn	concerning this matter, pleas	954	998-1488	
Name of	Contact Person	at (at Co	de & Daytime Telephone Number	
	the following amount made		• •	
■ \$35 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		Street Address		
Amendment Section		Amendment Section		
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building		
	nassee, FL 32314		xecutive Center Circle	
			issee FL 32301	

## Articles of Amendment Articles of Incorporation

EAST COAST HEALTH INSURANCE, INC.		
( <u>Name of Corporation</u>	on as currently filed with the Florida Dept. of State)	O 325
P07000047333		多
(Docum	nent Number of Corporation (if known)	<u>က်</u>
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the follow	wing amendmen
A. If amending name, enter the new name of the co	rporation:	
		The new
	d "corporation," "company," or "incorporated" or the " "Inc," or "Co". A professional corporation name mu abbreviation "P.A."	
B. Enter new principal office address, if applicables (Principal office address <u>MUST BE A STREET ADD</u>		<del></del>
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO)</u>	<u></u>	
D. If amending the registered agent and/or registere new registered agent and/or the new registered of Name of New Registered Agent	ed office address in Florida, enter the name of the office address:	
	(Florida street address)	
New Registered Office Address:	, Florida	(in Codul
	(City)	(ip Code)
New Registered Agent's Signature, if changing Regi I hereby accept the appointment as registered agent. I	istered Agent: I am fumiliar with and accept the obligations of the positio	PI.
Signa	nture of New Registered Agent, if changing	

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	V	Mike Jones		
X Add	<u>SV</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address
1) Change	S	Julie Simon		21366 Falls Ridge Way
X Add		-		Boca Raton
Remove				33428
2) Change		···		
Add				
Remove		•		
3) Change	<u></u>			
Add				
Remove				
4) Change				
Add			_	
Remove				
5) Change				
Add	<u></u>			
Remove				
6) Change				
	-			
Add				
Remove				

f an innendment 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)	i amenging o Attach <i>additio</i>	r adding additional Articles, enter change(s) here: nal sheets, if necessary). (Be specific)	
provisions for implementing the amendment if not contained in the amendment itself:			
provisions for implementing the amendment if not contained in the amendment itself:			
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provisions for implementing the amendment if not contained in the amendment itself:		the feet of legacity and the second charge	
(if not applicable, indicate N/A)	pro <u>visions f</u> e	r implementing the amendment if not contained in the amendment itself:	
	(if not ap	plicable, indicate N/A)	
			_
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	nt(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following states must be separately provided for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes east 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.	der
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
3/9/2017	
Dated	
(By a director, president or other officer – if directors or officers have not bee selected, by an incorporator – if in the hands of a receiver, trustee, or other coappointed fiduciary by that fiduciary)	
Caroline Ehrenthal	
(Typed or printed name of person signing)	
PTD	
(Title of person signing)	