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And

JUN 06 2017

R. WHILE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: EAST COAST HE	ALTH INSURANCE, INC	······································
DOCUMENT NUMI	BER: P07000047333		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Simona Burshteyn, Esq.		_
		Name of Contact Perso	n
	First Legal P.A.		
		Firm/ Company	
	2450 Hollywood Blvd. Ste 3	05	
		Address	
	Hollywood, FL 33020		
		City/ State and Zip Cod	e
Sbur	shteyn@firstlegalpa.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
Simona Burshteyn		at (
Name	of Contact Person	Area Co	nde & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Dep	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 Tallahassee, FL 32314		Amene Divisio Cliflor	Address dment Section on of Corporations 1 Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

17 HAY 30 PK 5: 46

EAST COAST HEALTH INSURANCE, INC.

EAST COAST HEALTH INSURANCE, INC.	Fig. 1. Sec. 1985
(Name of Corporation	as currently filed with the Florida Dept. of State)
P07000047333	
(Documen	t Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Stits Articles of Incorporation:	tatutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	oration:
	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp.," word "chartered," "professional association," or the abi	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable; (Principal office address MUST BE A STREET ADDRI	<u>ESS</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 new registered agent and/or the new registered off	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I a	ered Agent: Im familiar with and accept the obligations of the position.
Signatu	re 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 Do	<u>oc</u>	
X Remove	$\underline{\mathbf{v}}$	Mike Ju	ones	
_X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u> Title</u>		Name	<u>Addres</u> s
1) Change	S		Julie Simon	21366 Falls Ridge Way
Add				Boca Raton
X Remove				33428
2) Change		11		
Add				
Remove				
3)Change				
Add				
Remove				
41 Change	,			
Add				
Remove				
5) Change				
Add				
Remove				
6) Change	<u></u> _	-		
Add				
Damous				

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
·	
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:

date this document was signed.	option:, if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for the amendment(s) ficient for approval.
	roved 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)
	(voting group)
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ado action was not required.	oted by the incorporators without shareholder action and shareholder
5/25/2017	•
DatedSignature	Who I have
selected	rector, president or other officer – if directors or officers have not been , by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	Caroline Ehrenthal
•	(Typed or printed name of person signing)
	PTD
•	(Title of person signing)