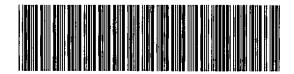
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(Re	equestor's Name)		
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C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: A INS	surance Direct Inc.
DOCUMENT NUMBER: P07000	0050947
The enclosed Articles of Amendment and fee are subm	nitted for filing.
Please return all correspondence concerning this matter	r to the following:
Donna Stever	ns
((Name of Contact Person)
A Insurance	(Firm/ Company)
11524 US HW	y 92 E. Suite 100 (Address)
Seffner, FL	33584
((City/ State and Zip Code)
insurance direct	Ct & tampabay.rr.com for future annual report notification?
For further information concerning this matter, please of	call:
Dong Stevens (Name of Contact Person)	at (813) U 2U 1000 ext. 14 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made pay	yable to the Florida Department of State:
\$35 Filing Fee \$\Bigcup \$43.75 Filing Fee & Certificate of Status	
Mailing Address	Street Address
Amendment Section Division of Corporations	Amendment Section Division of Corporations

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

(Name of Corporation as currently				<u> </u>	-
P070000509	147				
	nent Number of Corpo	oration (if known)			_
Pursuant to the provisions of section 617.10 amendment(s) to its Articles of Incorporation		this <i>Florida Not For Pr</i>	ofit Corporatio	n adopts the	followin
A. If amending name, enter the new nam	e of the corporation	<u>:</u>		至常	田."
				55	_The nev
name must be distinguishable and contain "Company" or "Co." may not be used in t		n" or "incorporated" of	r the abbreviati	on "Corp."	or "Inc."
B. Enter new principal office address, if (Principal office address MUST BE A ST				iot.	RH: 11: 09
C. Enter new mailing address, if application (Mailing address MAY BE A POST Of the Mailing address of the May BE A POST Of the Mailing address of the May BE A POST Of the Mailing address of the May BE A POST Of the Mailing address, if application (Mailing address) address of the Mailing addres	FFICE BOX)	address in Florida, ent ress:	er the name of	the	- - -
Name of New Registered Agent:	Elizabet	th Peron			
	11524 0	S HWU 92	E, Ste:	OD	
New Registered Office Address:	,,,,				
	Seffre	ſ	Florida	3358	34
	(City)			(Zip Code	2)
New Registered Agent's Signature, if chall hereby accept the appointment as register	ed agent. I am famil			he position.	

Page 1 of 4

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 <math>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 X Remove X Add	PT John J V Mike SV Sally		
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add Remove	VP	Donna Stevens	11524 US Husg 92 E Suite 100 Seffner, FL 33584
2) Change Add Remove	P	<u>Elizabeth Peron</u>	11524 US Hwy 92 E Suite 100 Seffner, FL 33584
3) Change Add			
Remove 4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

If amending or adding additiona (attach additional sheets, if necessor	i Articies, 1ry). <i>(Be</i>	, enter chan 2 specific)	ge(s) here:			
NA						
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The date of each amendment(s) adoption: 9112019 date this document was signed.	, if other than the
Effective date if applicable: (no more than 90 days after amendment file date)	_
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
Dated 91114	
Signature	
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Elizabeth Peron	
(Typed or printed name of person signing)	
President	
(Title of person signing)	