P01000050947

(Re	equestor's Name)			
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(Ci	ty/State/Zip/Phone	9 # _}		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Do	cument Number)			
Certified Copies	Certificates	s of Status		
Special Instructions to	Filing Officer:			
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SECRETARY OF STATE OIVISION OF CORPORATIONS

Amend 1a, 4, 9,15

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: A INSUVANCE DIVECT
DOCUMENT NUMBER: P0700050947
The enclosed Articles of Amendment and fee are submitted for filling.
Please return all correspondence concerning this matter to the following:
Dona Stevens Name of Contact Person
A Insurance Direct Inc.
11524 US HWY 92 E. Ste: 100
Seffner, FL 33584 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Donna Stevens at (813) Lo24-1000 X 149 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status \$\int \frac{1}{2} \\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$\int \frac{1}{2} \\$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation



A Insurance Dive	ct Inc.	•	
(Name of Corporation as current	ly filed with the Florida Dept	. of State)	
P07000056947			
(Document Numbe	er of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this <i>Florida Pro</i>	fit Corporation adopts the follo	wing amendment(s) to
A. If amending name, enter the new name of th	e corporation:		
			The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	orp," "Inc," or "Co". A pro		
B. Enter new principal office address, if applica			
(Principal office address <u>MUST BE A STREET A</u>	ADDRESS)	•	
			
			
C. Enter new mailing address, if applicable:			
(Mailing address <u>MAY BE A POST OFFICE</u>	<u>BOX</u>)		
		•	
D. If amending the registered agent and/or registered		da, enter the name of the	
new registered agent and/or the new registe	red office address:		
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		. Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ages		ant the obligations of the mariti-	A.m.
i nervoy accept me appointment as registered age	т і ат затише жип апа асс	epi ine obligations of the positio	т.
		<u> </u>	
Signatura o	of Navy Registered Agent if the	14077 14077	

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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	VP	Donna Stevens	11524 US HWY 92 E Suite 100 Seffner, FL 33584
X Add			suite 100
Remove			Settner, FL 33589
2) Change	<u>.</u>		
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			<u> </u>
i i kemove			

f amending or adding additional Articles, enter change Attach additional sheets, if necessary). (Be specific)	ge(s) here:
— N/ K	
	
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, NE 4	
f an amendment provides for an exchange, reclassific provisions for implementing the amendment if not co (if not applicable, indicate N/A)	ation, or cancellation of issued shares, ontained in the amendment itself:
(9 4)	
NA	•

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)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted 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.	
Dated 9112014	
Signature	
(By a director, president or other orner – 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)	
Elizabeth Peron	
(Typed or printed name of person signing)	
<u>President</u> .	
(Title of person signing)	