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SECRETARY OF STATE TALLAHASSEE, FLORIDA

Amend CC Amend CUB

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORE	PORATION:	GOT HEALTH COVERAGE	, INC.
DOCUMENT NU	UMENT NUMBER: P0900071873		<u> </u>
The enclosed Artic	eles of Amendment and fee	e are submitted for filing.	
Please return all co	orrespondence concerning (this matter to the following:	
		Seth Hyman	
		Name of Contact Person	
	Go	t Health Coverage, Inc.	
		Firm/ Company	
7200 W Commercial Blvd Suite 206 Address			
		Lauderhill, FL 33319	
		City/ State and Zip Code	
	seth@go E-mail address: (to be u	othealthcoverage.com used for future annual report notification)	
For further informa	ation concerning this matte	er, please call:	•
	Seth Hyman	at (<u>954</u>) 39	97-7844
Name	of Contact Person	Area Code & Daytime Tele	ephone Number
Enclosed is a checl	k for the following amount	made payable to the Florida Depart	ment of State:
\$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)
P.O. Box 6	tt Section Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	e ·

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

**************************************	TH COVERAGE,		-
(Name of Corporation as cu	irrently filed with the F	lorida Dept. of State)	09
P	09000071873		Q
(Document N	Number of Corporation (i	f known)	_
Pursuant to the provisions of section 607.1 amendment(s) to its Articles of Incorporation		nis <i>Florida Profit Corporat</i>	ion adopts the follo
A. If amending name, enter the new name	e of the corporation:		
name must be distinguishable and contai abbreviation "Corp.," "Inc.," or Co.," or name must contain the word "chartered," "	the designation "Corp,"	' "Inc," or "Co". A profes.	sional corporation
B. <u>Enter new principal office address, if a</u> (Principal office address <u>MUST BE A STR</u>			
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF			
D. If amending the registered agent and/onew registered agent and/or the new r			ime of the
Name of New Registered Agent:	Seth Hyman	·	
New Registered Office Address:		cial Blvd Suite 206 treet address)	
	Lauderhill (City)	, Florid (Zip Code)	a 33319
New Registered Agent's Signature, if chan I hereby accept the appointment as registere	ed agent. I am familiar v		ons of the position. —

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
VPD	Seth Hyman	7200 W. Commercial Blvd. Suite 206 Lauderhill, FL 33319	☑ Add □ Remove
	· .		
	ling or adding additional Article dditional sheets, if necessary). (1		
<u>provisi</u> c	nendment provides for an excha ons for implementing the amend ot applicable, indicate N/A)	nge, reclassification, or cancellation of ment if not contained in the amendmen	issued shares, at itself:
			•

The date of each amendment	(s) adoption: October 22, 2009
	(date of adoption is required)
Effective date if applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement of 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	<u>,"</u>
<u> </u>	(voting group)
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated Octo	ber 22, 2009
Signature	Marian Hyman
(By	a director, president or other officer - if directors or officers have not been
	ected, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
	Marian Hyman
	(Typed or printed name of person signing)
	President
	(Title of person signing)