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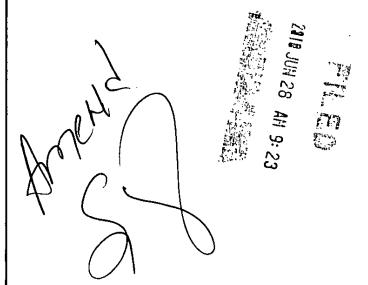
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10.29,10



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COVER LETTER

• TO: Amendment Section
Division of Corporations

NAME OF COR	PORATION:	US Insure, Inc.	
DOCUMENT NU	J MBER:	P09000097072	2
The enclosed Arti	cles of Amendment and fee a	re submitted for filing.	
Please return all co	orrespondence concerning th	is matter to the following:	
		Joe M. Teston	
	Name of Contact Person		
J.M. Teston & Co., CPA			
	Firm/ Company		
	2805 W. Busch Blvd., Ste 223		
Address			
	Tampa, FL 33618		
	C	ity/ State and Zip Code	
	usinsu E-mail address: (to be use	re@yahoo.com d for future annual report notification)	
For further information	ation concerning this matter,	please call:	
	Joe M. Teston	at (813)	406-6834
Name	of Contact Person	Area Code & Daytime T	elephone Number
Enclosed is a check	k for the following amount n	ade payable to the Florida Depa	artment of State:
	\$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 Ac		Street Address	
Amendment Section		Amendment Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circ	rle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

AN 9.23 US Insure, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P09000097072 (Document Number of Corporation (if known)

	f the corporation:	
		The n
ame must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the ame must contain the word "chartered," "pro	e designation "Corp," "Inc	c," or "Co". A professional corporati
3. Enter new principal office address, if app		
Principal office address <u>MUST BE A STREE</u>	ET ADDRESS)	
C. Enter new mailing address, if applicable		
(Mailing address MAY BE A POST OFFI	<u></u>	
D. If amending the registered agent and/or new registered agent and/or the new registered agent		n Florida, enter the name of the
new registered agent and/or the new regi		n Florida, enter the name of the
		n Florida, enter the name of the
new registered agent and/or the new registered Agent:	stered office address:	
new registered agent and/or the new regi		address)
new registered agent and/or the new registered Agent:	stered office address:	

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>	<u>Address</u>	Type of Action
<u>D</u>	Kathleen P. Gaston	2805 W. Busch Blvd. Ste 223 Tampa. FL 33618	☑ Add □ Remove
			
	ng or adding additional Articles, enter ditional sheets, if necessary). (Be spec		
provision	endment provides for an exchange, reas for implementing the amendment is applicable, indicate N/A)		

The date of each amendmen	t(s) adoption: 06/20/2010
Effective date if applicable:	06/20/2010 (date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement ed 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)
action was not required.	ere adopted by the board of directors without shareholder action and shareholder ere adopted by the incorporators without shareholder action and shareholder
action was not required.	
Dated_06/2	21/2010
Signature	In K
	a director, president or other officer – if directors or officers have not been
sele	ected, by an incorporator - if in the hands of a receiver, trustee, or other court
арр	pointed fiduciary by that fiduciary)
	Joe M. Teston
	(Typed or printed name of person signing)
	President
	(Title of person signing)