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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Health Ensurance Advisors INC 8110000 68 243 DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: at (786) 487-//94 Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$52.50 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

is enclosed)

Articles of Amendment to Articles of Incorporation

FILED SECRETARY OF STATE OLVISION OF CORPORATIONS

16 MAR 21 PM 2: 54

(Name of Corporati	on as currently filed with the	Florida Dept. of State)
		4-
——————————————————————————————————————	nent Number of Corporation (if I	
(Docum	neilt Number of Corporation (if i	Knowii)
Pursuant to the provisions of section 607.1006, Floridates and Incorporation:	a Statutes, this <i>Florida Profit Co</i>	orporation adopts the following amendment(
A. If amending name, enter the new name of the co	orporation:	
		The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	," "Inc," or "Co". A professi	or "incorporated" or the abbreviation ional corporation name must contain the
B. Enter new principal office address, if applicable	<u></u>	
Principal office address <u>MUST BE A STREET ADL</u>	<u>ORESS</u>)	
	_ _	
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u> </u>	
	•	
D. If amending the registered agent and/or register new registered agent and/or the new registered		nter the name of the
Name of New Registered Agent		
The state of the s	-	
	(Florida street address)	
New Registered Office Address:		. Florida
Tegisterea Office Hadress.	(City)	(Zip Code)
		, <u>.</u>
New Registered Agent's Signature, if changing Reg	istered Agent:	
hereby accept the appointment as registered agent.	I am familiar with and accept th	he obligations of the position.
Sion	ature 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.

X Change	PT Jol	nn Doe	
X Remove	<u>V</u> <u>Mi</u>	ke J <u>ones</u>	
X Add	<u>SV</u> <u>Sal</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	FRANSICO Carrey	R. Bx 42734 migni, 7h. 37241
Add		,	Miam i, 7h. 37241
Remove		^	·
2) Change Add	P	FRED PRAT	P.O. Box 412734
			Mixmi, FL. 3326
Remove 3) Change	<u>S</u>	FRED PRAT	P.O. Gy 412734 Minui Fh-33241
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)		sary). (Be specific)			
provisions for implementing the amendment if not contained in the amendment itself:					
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The date of each amendment(s) adoption:	;if o	ther than the
date this document was signed.	SECRUTARY OIVISION OF TH	OF STAIL
Effective date if applicable: ASA (no more than 90 days after amendment file date)		
(no more than 90 days after amendment file date)	16 MAR 21	PM 2: 54
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, thi document's effective date on the Department of State's records.	s date will not be	listed as the
Adoption of Amendment(s) (CHECK ONE)		
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	ent(s)	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	'ement	
"The number of votes cast for the amendment(s) was/were sufficient for approval		
by" (voting group)		
(voting group)		
The amendment(s) was/were adopted by the board of directors without shareholder action and shareh action was not required.	older	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	г	
Dated_3-17-20/6		
Signature Signature		
Signature A Saff		
(By a director, president or other officer - if directors or officers have not be		
selected, by an incorporator – if in the hands of a receiver, trustee, or other of appointed fiduciary by that fiduciary)	court	
FRED DAT		
TRED LAT (Typed or printed name of person signing)		
P.57		

(Title of person signing)