## P11000107660

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PICK-UP	WAIT	MAIL
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SECRETAIN OF STATE

A. BUTLER JUN 10 2022

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO		DIGAPADVISORS INC	
DOCUMENT NUN	P11000107660 1BER:		
The enclosed Article	es of Amendment and fee are su	ibmitted for filing.	
Please return all cor	respondence concerning this ma	atter to the following:	
	Alexander F Rascionato		
	Complete Medigap Advisors	Name of Contact Person Inc	1
	400 N. Ashley Drive, Suite 19	Firm/ Company 200	
	Tampa, FL 33602	Address	
		City/ State and Zip Cod	<u> </u>
	alex@cmahealthagency.com		
	E-mail address: (to be us	sed for future annual report	notification)
for further informati	ion concerning this matter, pleas	se catl:	
Fracy Rascionato		813 at (	999-2015
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Inclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

FILED

COMPLETE MEDIGAP ADVISORS INC.

	filed with the Florida DeptZoZSfate 25	PH 5: 36
P11000107660	SECRETARY	OF STATE
(Document Number of		
Pursuant to the provisions of section 607.1006, Florida Statutes, this $F$ its Articles of Incorporation:	<i>lorida Profit Corporation</i> adopts the following	ing amendment(s) to
A. If amending name, enter the new name of the corporation:		
CMA FINANCIAL GROUP INC		The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."		ion "Corp.,"
B. Enter new principal office address, if applicable: tPrincipal office address MUST BE A STREET ADDRESS )		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		<del></del>
D. <u>If amending the registered agent and/or registered office addre</u>	ess in Florida, enter the name of the	
new registered agent and/or the new registered office address:	is in Florida, effer the name of the	
Name of New Registered Agent		_
(Florida stree	et address)	<del></del>
New Registered Office Address:	, Florida	
10	Tity) (Zip	Coder
lew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with	th and accept the obligations of the position.	
Signature of New Reg	gistered Agent, if changing	<del></del>

eck if applicable

The amendment(s) is/are being filed pursuant to s. 607,0120 (11) (e), F.S.

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,

Example: <u>X</u> Change	<u>PT</u>	John Do	<u>) e</u>	
X Remove	<u>v</u>	Mike Jo	one <u>s</u>	
X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
L) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3.) Change				
Add		_		
Remove				
4) Change				
Add		_		
Remove				
5) Change				
Add				
Remove				
Change		_		
Add				
Remove				

	ing additional Articles weets, if necessary). (b	Be specific)			
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<u>lf an amendment p</u>	royides for an exchang	<u>e, reclassificati</u>	on, or cancellatio	n of issued shares,	
provisions for imp	lementing the amenda	<u>ient if not conta</u>	ined in the amen	<u>dment itself:</u>	
(if not applicat	le, indicate N/A)				
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<u>/\</u>					
N		<u></u>			
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## March 31, 2022

The date of each amendment(s) ad	option:, if other than the
date this document was signed. May	1,2022
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/were ado action was not required.	oted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were sur	oted by the shareholders. The number of votes cast for the amendment(s) Tricient for approval.
	roved by the shareholders through voting groups. The following statement pach voting group entitled to vote separately on the amendment(s):
"The number of votes cast t	or the amendment(s) was/were sufficient for approval
by	·
	(voting group)
April 12, 20.	22
Dated	_,
-#	
Signature	
	rector fresident or other officer – if directors or officers have not been , by an incorporator – if in the hands of a receiver, trustee, or other court
	rd fiduciary by that fiduciary)
,	Mexander F. Rascionato
-	(Typed or printed name of person signing)
1	resident
-	(Title of person signing)