P12000000385

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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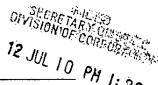
And 2

COVER LETTER

TO: Amendment Section Division of Corporations

	RATION: ACCESSPO BER: P1200000738		CE INC	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	spondence concerning this ma	tter to the following:		
	KEVIN JOHNOSI	N		
	Name of Contact Person			
	ACCESSPOINT	NSURANCE		
		Firm/ Company		
	3131 CLINT MO (ORE RD # 205		
		Address		
	BOCA RATON, F	LORIDA 33496		
		City/ State and Zip Code	2	
kev	vin@accesspointir	isure com		
il C v		sed for future annual report	notification)	
		•		
For further information	n concerning this matter, pleas	se call:		
Kevin Johnson	on	at (561	, 866-5077	
Name of Contact Person			de & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment 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)	
<u>Mai</u>	iling Address	Street	Address	
	endment Section	Amendment Section		
	ision of Corporations	Division of Corporations		
	. Box 6327 ahassee, FL 32314	Clifton Building 2661 Executive Center Circle		
1 211	anassec, FL 32314		issee, FL 32301	

Articles of Amendment to Articles of Incorporation



ACCESSPOINT INSURANCE INC

(Name of Corporation as	currently filed with the Flo	orida Dept. of State)	· · · · · · · · · · · · · · · · · · ·	وڅ:۱ ۳
P12000007385				_
(Documen	t Number of Corporation (if	known)		
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	1006, Florida Statutes, this F	<i>llorida Profit Corporation</i> ado	pts the following	amendment(s) to
A. If amending name, enter the new na	me of the corporation:			
NA				The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associated to the contract of th	ation "Corp," "Inc," or "C	o". A professional corporati		
R Enter new principal office address i	if annlicable:	NA		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		·		
		·		
C. Enter new mailing address, if application		NA		•
(Mailing address MAY BE A POST (OFFICE BOX)		<u> </u>	
TO 10 10 10 10 10 10 10 10 10 10 10 10 10			6.41	
D. If amending the registered agent and new registered agent and/or the new		ss in Florida, enter the name	e of the	
Name of New Registered Agent	NA			
Name of New Registerea Agent				
	(Florida stree	ot address)		
	NA			
New Registered Office Address:	(City)	, Florida	(Zip Code)	
New Registered Agent's Signature, if cl		Mr J	-C11	
I hereby accept the appointment as registe	erea agent. I am familiar w	un ana accept the obligations	oj ine position.	

Signature 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 <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.

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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	CFO	JUDY-ANN LEBERT	1345 SILVERADO DR NORTH LAUDERDALE FL 33068
2) Change Add X Remove	<u>coo</u>	RODRICK ANDERSON	118-37 RIVERTON ST ST ALBANS NY 11412
3) X Change Add Remove	DPVT	KEVIN JOHNSON	3131 CLINT MOORE RD 205 BOCA RATON FL 33496
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

ttach additional she	ets, if necessary).	cles, enter change(s) he (Be specific)		
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an amendment pro	ovides for an excl	ange, reclassification,	or cancellation of issu	ed shares,
rovisions for imple (if not applicabl	ementing the ame le, indicate N/A)	ndment if not containe	d in the amendment it	self:
١				
	 			
 				
	· · · · · · · · · · · · · · · · · · ·			

The date of each amendment(s)	adoption: //0/2012
	7/6/2012
<u></u>	(no more than 90 days after amendment file date)
doption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval
by	(voting group)
action was not required.	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder
_{Dated} _7/6/2	012
selec	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)
	KEVIN JOHNSON
	(Typed or printed name of person signing)
	PCEO
	(Title of person signing)