# P12000047813

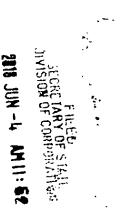
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### **COVER LETTER**

SECRETARY OF SHADON OF COMPORATION

**TO:** Amendment Section Division of Corporations

2818 JUN -4 AMII: SE

NAME OF CORPORATION: _ DOCUMENT NUMBER:	RISING	star	Life	INC	
DOCUMENT NUMBER:	/	P1200047	8/3		
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
		Name of Cont.	Whalif g		
	KISIN	Firm/ Cor	Life npany	Y Wealth 110.	
	450	N PARK	RO	sute 405	
		Addre Holltwood	rss 1 FC	3302/	
RISING Star Life Y Menth IN.  Firm/ Company  H50 N PANK R0 State 405  Address  Halfword FC 3302/  City/ State and Zip Code  RSI SFL C. Mail. Car  E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Name of Contact I	A Person	at ( <u></u>	Area Code &	494 237/ Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:					
	75 Filing Fee & Micate of Status	□\$43.75 Filing Certified Cop (Additional conclosed)	opy is	\$52.50 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 Street Address

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

#### **Articles of Amendment**

## to Articles of Incorporation

	-
of .	P12000047813
(Name of Corporation as currently	
RISING Star L (Document Number of C	ife & Health me
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> ts Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
AST INSURACE Same must be distinguishable and contain the word "corporation,	relat INC The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Covord "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must contain the
3. Enter new principal office address, if applicable:  Principal office address MUST BE A STREET ADDRESS )	450 N PANY Sombe 206 HOCKYWOOD RC 33021
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SECIRE JARY
<ul> <li>If amending the registered agent and/or registered office addressed new registered agent and/or the new registered office address:</li> </ul>	s in Florida, enter the name of the
Name of New Registered Agent	
(Florida stree	address)
New Registered Office Address:	Florida
	ity) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the 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 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: X Change	<u>PT</u>	John Do	<u>æ</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change				
Add				
Remove				
2) Change		_		
Add				
Remove				
3 ) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

The state of the s	cles, enter change(s) (Be specific)			
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If an amandment provides for an anal	nange, reclassificatio	n, or cancellation (	f issued shares,	
n an amenument provides for an excl		<u>ined in the amendn</u>	nent itself:	
provisions for implementing the ame	ndment if not contai			
provisions for implementing the ame (if not applicable, indicate N/A)	ndment ii not contai			
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	ndment II not conta			
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provisions for implementing the ame	ndment II not conta			

The date of each amendment(s) adoption: _	5/3/2018	MAY $3/2016$ , if other than the
date this document was signed.	5/15/18-	<i>J</i> '
Effective date <u>if applicable</u> :	(no more than 90 days after as	mendment file date)
Note: If the date inserted in this block does document's effective date on the Department		filing requirements, this date will not be listed as the
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by the by the shareholders was/were sufficient fo		otes cast for the amendment(s)
☐ The amendment(s) was/were approved by must be separately provided for each votil		
"The number of votes cast for the an	nendment(s) was/were sufficient fo	or approval
by		
(1)	voting group)	
The amendment(s) was/were adopted by the action was not required.	ne board of directors without share	holder action and shareholder
☐ The amendment(s) was/were adopted by th action was not required.	ne incorporators without sharehold	er action and shareholder
Dated	15	
Signature W. Li	otovor	
	resident or other officer – if director acorporator – if in the hands of a re-	
· · · · · · · · · · · · · · · · · · ·	ary by that fiduciary)	
	Nissin K	halin
	(Typed or printed name of perso	on signing)
	presa	lenf
	(Title of person sign	ing)