## P13000041214

(Requestor's Name)	<del></del>
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MA	IL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer: Wendy gove onthoxizal to change Ra's address. Acc 11/19	rois

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SECRETARY OF STATE HE DIVISION OF CORPORATIONS

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## **COVER LETTER**

Division of Corporations						
NAME OF CORPORATION: VIP Mobile Notary, Inc., DOCUMENT NUMBER: P13000041214						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Wendy L. Longo  Name of Contact Person  (Self) Why Mobile Notary, Inc.  Firm/Company  11573 Kensington Court  Address  Boca Raton, FL 33428  City/State and Zip Code  Wendy Longo @ Rocket Mail. Com  E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Wendy Longo au Rel > 351.1171						
Name of Contact Person Area Code & Daytime Telephone Number						
Enclosed is a check for the following amount made payable to the Florida Department of State:						
\$35 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)						

TO: Amendment Section

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
VIP Mobile notary, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:  Health Insurance 4 U, Inc.  The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal affice address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  B. Ca Raton, FL  33428
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent
New Registered Office Address: Boca Roton Florida 33428  (City) (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 <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.

Example: X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>y</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	n <u>ith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change	<u></u>	·		
Add Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_	·	
Add				
Remove				

tach additional sheets, if necessary).	(Be specific)	
<del>, , , , , , , , , , , , , , , , , , , </del>		
<del></del>		
an amendment provides for an exc	change, reclassification, or cancellation of issued shares, tendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	condition in the amendment itself.	

The date of each amendment(s) ad date this document was signed.	option:	, ii other than
Effective date if applicable:		
Effective date if applicable.	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement 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)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated	6/2013	
Signature	uhlorgo	
(By a di	rector, president or other officer - if directors or officers have not been	
	l, by an incorporator - if in the hands of a receiver, trustee, or other court	
appoint	ed fiduciary by that fiduciary)	
	Wendy L. Longo	<del>.</del>
	(Typed or printed name of person signing)	
	Wendy L. Longo	_
	(Title of person signing)	