150000027115

(Red	questor's Name)			
(Add	dress)			
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(City	y/State/Zip/Phone	e #)		
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: INSURANCE	= Propuls & In	ovestments, corp.	
DOCUMENT NUMBE	R: P-1500002	7115	•	
The enclosed Articles of	Amendment and fee are su	bmitted for filing.		
Please return all correspondent	ondence concerning this ma	tter to the following:		
	Lucia	Name of Contact Person		
_		Name of Contact Person	n	
Insurance Products of Investments, Corp. Firm/Company				
		Firm/ Company	•	
_	2650 NE Miami /F	ZNO AUE		
		Address		
_	Migmi /F	L /33137	-	
		City/ State and Zip Cod	e	
LBARRAU @ AMS PROTECTA. COM				
<u></u>	E-mail address: (to be us	sed for future annual report	notification)	
For further information of	concerning this matter, pleas	e call:		
LUCIEN	BARRAU	at (30)	571-5051	
Name of	Contact Person		de & Daytime Telephone Number	
Enclosed is a check for t	the following amount made	payable to the Florida Depa	artment of State:	
\$35 Filing Fee	□\$43.75 Filing Fee &	43.75 Filing Fee &	□\$52.50 Filing Fee	
	Certificate of Status	Certified Copy	Certificate of Status	
		(Additional copy is	Certified Copy	
		enclosed)	(Additional Copy	
			is enclosed)	
Mail.	na Addrocs	C44	Addwagg	
	ng Address		Address Iment Section	
Amendment Section			intelli Section	

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

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

Articles of Amendment

Articles of Incorporation

1 1	ncorporation	FRED MADE OF STATE
INSURANCE PRODUCTS & INVES	In outs, CORP. DIVISION	निर्वाचन विकास विकास
(Name of Corporation as curren	tly filed with the Florida Dept. of State	29 AH 10: 47
P-150 00027115		,
· · · · · · · · · · · · · · · · · · ·	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	s Florida Profit Corporation adopts the f	ollowing amendment(s) t
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation nam	r the abbreviation
B. Enter new principal office address, if applicable:	N/A	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		Ð
		SECTION SECTIO
C. Enter new mailing address, if applicable:	43 / 6	P 957
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	N/A	<u> </u>
		<u> </u>
		<u>유</u> 교
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre		 #
Name of New Registered Agent		
(F), 11		
	street address)	
New Registered Office Address:	, Florida,	(Zip Code)
	(//	imp couch
New Registered Agent's Signature, if changing Registered Ager		
I hereby accept the appointment as registered agent. I am familian	r with and accept the obligations of the po	sition.
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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name DANIEL AZEMARD	Address
1) Change Add Remove		37.4.10	12162 NW 23RD HANDE CORAL SPRINGS, FL 33065
2) Change Add Remove			
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			· · · · · · · · · · · · · · · · · · ·
6) Change Add Remove			

ritaen additional sheets, if hecessary).	<u>cles, enter change(s) here</u> : (Be specific)
N/A	
NIA	
·····	
	
·	
an amendment provides for an exch	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
	nament it not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s	adoption:	, if other than the
date this document was signed.		P
Effective date if applicable:	(no more than 90 days after amendment file date)	SECRETARY DE STATE
		THE REPORT OF THE PROPERTY OF THE PERSONS
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements Department of State's records.	, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amer e sufficient for approval.	ndment(s)
	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendment	
"The number of votes	east for the amendment(s) was/were sufficient for approval	
by	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and sh	areholder
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	older
Dated	-28-15	
Signature	Maur	<u></u>
sel	a director, president or other officer – if directors or officers have nected, by an incorporator – if in the hands of a receiver, trustee, or ot pointed fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	MESIOLENT	
	(Title of person signing)	···