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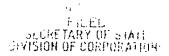
TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Live Quotes Insura	nce Inc	
DOCUMENT NUMI			
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Erik Webster		
	- · · · · · · · · · · · · · · · · · · ·	Name of Contact Persor	1
	Live Quotes Insurance Inc		
		Firm/ Company	
1040 SW 46th Ave Apt # 303			
Address			
	Pompano Beach FL 33069		
		City/ State and Zip Code	;
Liven	nedicarequotes@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
Erik Webster		at (541-0743
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Depa	rtment 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)
Amo Div P.O	iling Address endment Section ision of Corporations Box 6327 abassee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation** of

Live Quotes Insurance Inc



to

Live Quotes Insurance Inc	2016 NOV -4 PM 1: 32
(Name of Corporation as cur	rently filed with the Florida Dept. of State)
P16000002849	
(Document Num	ber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	, this Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation	m:
N/A	The new
	oration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	N/A
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad	
Name of New Registered Agent	
	
(Flori	ida street address)
N/A	N/A
New Registered Office Address:	(City) , Florida (Zip Code)
	(-11)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fam	
N/A	
Signature of 1	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>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Frank Mirando	1040 SW 46th Ave Apt 303
Add x Remove			Pompano FL 33069
2) Change	S	Daniel P Tarnoski	1040 SW 46th Ave Apt 303
Add			Pompano FL 33069
X Remove	VP	Erik Webster	1040 SW 46th Ave Apt 303
X Add			Pompano FL 33069
Remove			.
4) Change	S	Erik Webster	1040 SW 46th Ave Apt 303
x Add			Pompano FL 33069
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			

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fication, or can contained in th	ncellation of is the amendmen	ssued shares, t itself:	
_			

	9/20/2016	*C - sh - or s
The date of each amendment(s) late this document was signed.	adoption:	, if other than the
inte titis document was signed.		SELRETARY OF STATE SELRETARY OF STATE STATES OF CORPORATION
Effective date <u>if applicable</u> :		
	(no more than S	00 days after amendment file days NOV -4 PM 1: 32
Note: If the date inserted in thi document's effective date on the		cable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were aby the shareholders was/were		e number of votes cast for the amendment(s)
		rough voting groups. The following statement vote separately on the amendment(s):
"The number of votes ca	ast for the amendment(s) was/we	re sufficient for approval
by	(voting group)	
	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of director	s without shareholder action and shareholder
The amendment(s) was/were action was not required.		thout shareholder action and shareholder
Dated	10/31/2016	
Signature		Est of
(By sele	• •	icer – if directors or officers have not been he hands of a receiver, trustee, or other court y)
	Erik Webster	
	(Typed or printed	name of person signing)
	President	
	(Title	of nemon signing)