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Amend

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: HealthPlan Adviso	rs Corp		
DOCUMENT NUMB				
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	oondence concerning this ma	tter to the following:		
!	Michael Saunders			
		Name of Contact Person	1	
1	HealthPlan Advisors Corp			
		Firm/ Company		
1	541 SE 23rd Ave #3			
		Address		
I	Pompano Beach, FL 33062			
-		City/ State and Zip Cod	e	
insurar	ncebysaunders@gmail.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, please	se call:		
Michael Saunders		at ( <u>954</u>	701-7838	
Name of Contact Person			de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
S35 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)	
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

HEALTHPLAN ADVISORS CORP

(Name of Corporation as curren	tly filed with the Florida Dept. of State)
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s)
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	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	NA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	WA TO TO
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	
New Registered Office Address: X A	treet address) . Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familia.	r 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 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	SVP	MATTHEW PANZER	1541 SE 23RD AVE APT 3
Add X Remove			POMPANO BEACH, FL 33062
2) Change			
Add			
Remove			
3) Change			<u> </u>
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach	i <mark>ding or adding</mark> additional sheet	additional Artic s, if necessary).	l <mark>es, enter chan</mark> (Be specific)	ge(s) here:			
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<u>If an ar</u>	nendment prov	ides for an excha	nge, reclassific	ation, or cance	llation of issued	l shares,	
provis (if	i <u>ons for implen</u> `not applicable,	nenting the amend indicate N/A)	dment if not co	ntained in the	<u>amendment itse</u>	<u>lf:</u>	
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The date of each amendment(s) adoption: 02/22/16 date this document was signed.	, if other than the
Effective date if applicable:  OZ   22     6  (no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this dat document's effective date on the Department of State's records.	e will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	г
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
02/22/2016	
Signature  (By a director, president) or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	<del></del> :
(Typed or printed name of person signing)	
President	
(Title of person signing)	