## 170000074756

(Requestor's	s Name)	
(Address)		
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JUN 28 2018 I ALBRITTON

## **COVER LETTER**

. TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: LOCAL HEALTH	INSURANCE CORP	
DOCUMENT NUM	BER: P17000074756		
	of Amendment and fee are sul	bmitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
	Justin R Kilpatrick		
		Name of Contact Person	1
	Local Health Insurance Co	гр	
		Firm/ Company	
	4700 Hiatus road 257		
		Address	
	Sunrise, Fl, 33351		
	<del></del>	City/ State and Zip Cod	c
iustir	n@localhealthinsurancecorp	com	
<del></del>	_	ed for future annual report	notification)
	13-man address, 400 be us	ea ioi maa report	nonneauon)
For further informatio	n concerning this matter, pleas	e call:	
Justin R Kilpatrick		954 at (	849-1719
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	or the following amount made p	payable to the Florida Depa	artment 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)
Am Div P,O	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle Executive Center Circle

## Articles of Amendment to Articles of Incorporation of

· LOCAL HEALTH INSURANCE CORP

Corporation (if known)	
lorida Profit Corporation adopts the following amendment(s) to	
The new	
" "company," or "incorporated" or the abbreviation io". A professional corporation name must contain the A."	
1331 S Federal Hwy, unit 511	
Boynton Beach	
Florida 33435	
1331 S Federal Hwy, unit 511	
Boyton Beach	
Boyton Beach Florida 33435	
ss in Florida, enter the name of the	
य address)	
, Florida	
, i fortula	

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	PT	John Doe		
X Remove	V	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	CEO	Ramone S Mcintosh	1331 S Federal Hwy, unit 511	
_✓ Add			Boyton Beach	
Remove			Florida 33435	
2) V Change	Р	Justin R Kilpatrick	1331 S Federal Hwy, unit 511	
Add	_		Boyton Beach	
Remove			Florida 33435	
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

(Attach additional sheets, if necessary).	cles, enter change(s) here:  (Be specific)
•.	
	<del></del>
	<del></del>
	<del></del>
	<u> </u>
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
	nt of shares and ownership of Local Health Insurance Corp to
	it of shares and ownership of Local freatth insulance corp to
amone S Mcintosh.	

	N/A	(Construe street street
The date of each amendment date this document was signed		, if other than the
and the avenuent was signed	6/20/2018	
Effective date if applicable:		
	(no more than 90 days after amendment fil	e date)
	this block does not meet the applicable statutory fifing requi- ne Department of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for tere sufficient for approval.	he amendment(s)
	re approved by the shareholders through voting groups. The far for each voting group entitled to vote separately on the ame	
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action	and shareholder
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and	shareholder
	18, 2018	
Dated		
0:		
Signature	By a director, president or other officer – if directors or officers	chave not been
	tected, by an incorporator – if in the hands of a receiver, trust	
	opointed fiduciary by that fiduciary)	
	Justin R Kilpatrick	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	