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TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Prime health insurance group in C
DOCUMENT NUMBER: P17000 8875
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Matthew Minors
Name of Contact Person Rim/ Company Name of Contact Person Rim/ Company
4381 SW 13310 IN more of ft, 37007
MIVamar FL 33027 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Matthew Minors a1(407), 989-0219
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:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

v Prime Health Ins	urance Group Inc.
(Name of Corporation as curren	ntly filed with the Florida Dept. of State)
P170000 88875	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, th its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
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 B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	"Co". A professional corporation name must contain the
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 ad	dress in Florida, enter the name of the
new registered agent and/or the new registered office addre	SS:
Name of New Registered Agent	
(Florida)	street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I have by accept the appointment as registered agent. I am familian	nt: 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.

	X Change	<u>PT</u> <u>Joi</u>	nn Doc	
	X Remove	<u>V</u> <u>Mi</u>	ke Jones	
	X Add	<u>SV</u> <u>Sal</u>	lly Smith	
	Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
√	1) Change	VP	Louijene Ronie	2598 e Sunrise blue
	Add			St 210A
1	X_Remove			Ft lander late FL, 33304
	2) Change			
	Add			
	Remove			
	3) Change			
1	Add			
•	Remove			
ę.	4) Change			
	Add			
	Remove			
	5) Change			
	Add			
	Remove			
	6) Change			
	Add			
	Remove			

f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
provisions for implementing the amendment if not contained in the amendment itself:	<u>.</u>
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provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
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The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: (no more than 90 days after amendment file date)	
include man 20 days after amenanchi fue date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date 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 east for the amendmen by the shareholders was/were sufficient for approval.	ı(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following states must be separately provided for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and sharehol action was not required.	der
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
\checkmark Dated 10-18-18	
V Signature Mathmas	
(By a director, president or other officer – if directors or officers have not bee selected, by an incorporator – if in the hands of a receiver, trustee, or other co appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
President (Title of person signing)	