## P18 0000 128 53

| (R                      | equestor's Name)       | <del></del>  |
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| (A                      | ddress)                |              |
| (Ā                      | daress)                | <del> </del> |
| - (C                    | ity/State/Zip/Phone #) |              |
| PICK-UP                 | WAIT                   | MAIL         |
| (B                      | usiness Entity Name)   |              |
| (D                      | ocument Number)        |              |
| c Copies                | Certificates o         | f Status     |
| an Instructions to File | ing Officer:           |              |
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Office Use Only



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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

.

| NAME OF CORPO           | RATION: MEDICARE SOLU   | JTION SERVICES, INC.   |   |
|-------------------------|---|--|---|
| DOCUMENT NUM            | BER: P18000012853   |  |   |
|                         | of Amendment and fee are sub  | omitted for filing.  |   |
| Please return all corre | spondence concerning this mat   | ter to the following:  |   |
|                         | TERRI HOWARD  |  |   |
|                         |   | Name of Contact Person   |   |
|                         | MEDICARE SOLUTION SE  | RVICES, INC.   |   |
|                         |   | Firm/ Company  |   |
|                         | 4084 RIVER VALLEY ROA   | • •  |   |
|                         |   | Address  |   |
|                         | JACKSONVILLE, FL 32277  |  |   |
|                         |   | City/ State and Zip Code   |   |
|                         | terri@medicaress. com   |  |   |
|                         | E-mail address: (to be us   | ed for future annual report                                      | notification)   |
| For further information | on concerning this matter, pleas  | se call:   |   |
| TERRI HOWARD            |   | , 904  | 993-7950  |
| Name                    | of Contact Person   | Area Co  | 993-7950<br>de & Daytime Telephone Number   |
| Enclosed is a check f   | or the following amount made  | payable to the Florida Depa                                      | artment of State:   |
| \$35 Filing Fee         | ☐\$43.75 Filing Fee & Certificate of Status   | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)      |
| An<br>Div<br>P.C        | illing Address aendment Section vision of Corporations D. Box 6327 lahassee, FL 32314 | Amend<br>Divisio<br>The C  | Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 |

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

| MEDICARE | COLL | ITION | SERVICES. | INC |
|----------|------|-------|-----------|-----|

| (Name of Corporation as c   | currently filed with the Florida Dept. of State)  |
|---|---|
| P18000012853  |   |
| (Document Nu  | umber of Corporation (if known)   |
| Pursuant to the provisions of section 607.1006, Florida Statutits Articles of Incorporation:  | stes, this Florida Profit Corporation adopts the following amendment(s) t   |
| A. If amending name, enter the new name of the corpora SENIOR INSURANCE SERVICES, INC.  |   |
|   | The new   |
| name must be distinguishable and contain the word "corpora<br>"Inc.," or Co.," or the designation "Corp," "Inc," or "<br>"chartered," "professional association," or the abbreviation | tion," "company," or "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name must contain the word n "P.A." |
|   | N/A   |
| B. Enter new principal office address, if applicable:<br>(Principal office address <u>MUST BE A STREET ADDRESS</u>  | (2  |
|   |   |
|   |   |
| 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 off   | fice address in Florida, enter the name of the  |
| new registered agent and/or the new registered office   | address:  |
| Name of New Registered Agent N/A  |   |
|   |   |
| (F  | Florida street address)   |
| New Registered Office Address:  | . Florida   |
| New Registered Office Address.  | (City) (Zip Code)   |
|   |   |
|   |   |
| New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am for  | ed Agent: Comiliar with and accept the oblivations of the position  |
| I hereny accept the appointment as registered agent. Train s  | annua min una anticipi me vinganom sy vio possioni  |
|   |   |
|   |   |
| Signature o   | of New Registered Agent, if changing  |
| Check if applicable   |   |

☐ The amendment(s) is/arc being filed pursuant to s. 607.0120 (11) (e). F.S.

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>John Do</u> | <u>be</u>   |                 |
|-------------------------------|-----------|----------------|-------------|-----------------|
| X Remove                      | <u>v</u>  | Mike Jo        | nes         |                 |
| X Add                         | <u>sv</u> | Sally Sn       | <u>nith</u> |                 |
| Type of Action<br>(Check One) | Title     |                | <u>Name</u> | <u>Addres</u> s |
| 1) Change                     |           | _              |             |                 |
| Add                           |           |                |             |                 |
| Remove                        |           |                |             |                 |
| 2) Change                     |           | _              |             |                 |
| Add                           |           |                |             |                 |
| Remove 3) Change              |           |                |             |                 |
| Add                           |           |                |             |                 |
| Remove                        |           |                |             |                 |
| 4) Change                     |           | _              |             |                 |
| Add                           |           |                |             |                 |
| Remove                        |           |                |             |                 |
| 5) Change                     |           | _              |             |                 |
| Add                           |           |                |             |                 |
| Remove                        |           |                |             |                 |
| 6) Change                     |           | _              |             |                 |
| Add                           |           |                |             |                 |
| Remove                        |           |                |             |                 |

| E. If amending or adding additional (Attach additional sheets, if necessar | Articles, enter chan<br>ry). (Be specific)    | ige(s) here:         |                         |              |
|--|---|----------------------|-------------------------|--------------|
| N/A  |   |                      |                         |              |
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| F. If an amendment provides for an   | exchange, reclassif                           | ication, or cancella | tion of issued shares   | 5.           |
| provisions for implementing the (if not applicable, indicate N/.           | amendment if not o                            | contained in the an  | <u>rendment itself:</u> |              |
| • • •  | a ;   |                      |                         |              |
| N/A  |   | <u> </u>             |                         |              |
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|  | 04/24/2023   | , if other than th   |
|--|--|--|
| The date of each amendment(s) adop   | iion:  | , , , , out of the contract of the contrac |
| late this document was signed.  04/24/20   | 223  |  |
| O4/24/20<br>Effective date <u>if applicable</u> :                                |  |  |
|  | (no more than 90 days after amendment file dat   | e)   |
| Note: If the date inserted in this block document's effective date on the Depart | k does not meet the applicable statutory filing requirement of State's records.  | nts, this date will not be listed as th  |
| Adoption of Amendment(s)   | (CHECK ONE)  |  |
| ■ The amendment(s) was/were adopte action was not required.                      | d by the incorporators, or board of directors without share  | holder action and shareholder  |
| ☐ The amendment(s) was/were adopte by the shareholders was/were suffice          | d by the shareholders. The number of votes cast for the artificial for approval.   | mendment(s)  |
| must be separately provided for each   | red by the shareholders through voting groups. The follow<br>th voting group entitled to vote separately on the amendment<br>the amendment(s) was/were sufficient for approval                                       | ring statement<br>ent(s):  |
|  | the antenument(s) was were surretent for approved  |  |
| by   | (voting group)   |  |
| selected, h<br>appointed   | tor, president or other officer – if directors or officers have by an incorporator – if in the hands of a receiver, trustee, of fiduciary by that fiduciary)  ERRI HOWARD  (Typed or printed name of person signing) | e not been<br>r other court  |
| PR   | RES  | _  |
| _  | (Title of person signing)  |  |

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