P19000037347

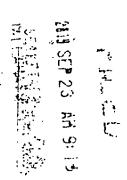
(Re	equestor's Name)	
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COVER LETTER

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TO: Amendment Secti Division of Corpo					SC 22 Miles
NAME OF CORPOR	RATION: PRIME LIFE INS	URANCE COMP	ANY		2
	BER: P19000037347				10000000000000000000000000000000000000
				·	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the followir	ig:		·
	YOLY SABILLON				_
		Name of Conta	ict Persor	l	
	FLORIDA BUSINESS SER	VICES			
		Firm/ Con	прапу		
	11356 S ORANGE BLOSSO	M TRAIL			<u></u>
		Addres	SS		
	ORLANDO, FL 32837				
		City/ State and	Zip Code		
laflori	idaservices@gmail.com				
	E-mail address: (to be us	sed for future annu	ial report	notification)	
For further information	concerning this matter, pleas	se call:			
YOLY SABILLON		40 at (7	723-1333	
Name o	of Contact Person			de & Daytime Telephone Nun	nber
Enclosed is a check for	the following amount made	payable to the Flor	rida Depa	rtment of State:	
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Certified Cop (Additional ed enclosed)	у	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ame Divis P.O.	ling Address ndment Section sion of Corporations Box 6327 thassee, FL 32314		Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301	

Articles of Amendment to Articles of Incorporation of

PRIME LIFE INSURANCE COMPANY

(<u>Name</u>	of Corporation as currently	filed with the Florida Dept. of State)	
P19000037347			्र १००० ५
	(Document Number of)	Corporation (if known)	÷/,
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this F	Clorida Profit Corporation adopts the following	owing amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
			The new
	nation "Corp," "Inc," or "C	" "company," or "incorporated" or to o". A professional corporation name n A.	he abbreviation
B. Enter new principal office address, (Principal office address MUST BE A S		<u></u>	
C. Enter new malling address if and	iaaht		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST			
			.
D. If amending the registered agent ar	nd/or registered office addre	ss in Florida, enter the name of the	
new registered agent and/or the ne			
Name of New Registered Agent			<u>.</u> _
	(Florida stree	et address)	^-
New Registered Office Address:		, Florida	
	(0	City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regis.		th and accept the obligations of the posit.	ion.
, , , , , , , , , , , , , , , , , , , ,	Ç y	,	
	Signature of New Rey	gistered 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>Jol</u>	hn Doc	
X Remove	<u>V</u> <u>Mi</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	VAZQUEZ LEON, FELIX D	PASEO REAL CALLE IMPERIO
Add			125
X Remove			COAMO, PR 00769
2) X Change	Р	VAZQUEZ GARCIA, FELIX D	3124 GREAT OAKS BLVD
Add			KISSIMMEE, FL 34744
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
<u> </u>	
_	
	
	·
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date epartment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	<u> </u>	
	(voting group)	
☐ The amendment(s) was/were adaction was not required.	lopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adaction was not required.	lopted by the incorporators without shareholder action and shareholder	
	BER 15TH, 2019	
Dated		
Signature		
(By a select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court ented fiduciary by that fiduciary)	
	FELIX D. VAZQUEZ GARCIA	
	(Typed or printed name of person signing)	
	VICE PRESIDENT	
	(Title of person signing)	