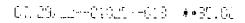
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TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:

TOP HEALTHCARE OPTIONS INSURANCE AGENCY INCV

DOCUMENT NUMBER:

P19000045091

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Hillanic Gonzalez
Name of Contact Person
TOP HEALTHCARE OPTIONS INSURANCE AGENCY INC
Firm/ Company
500 Fairway Drive, Suite 102
Address
Deerfield Beach, FL 33441
City/ State and Zip Code
tiffanie.gonzalez@tophealthcareoptions.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tiffanie Gonzaez

at (954) 637-4268

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 S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status (Additional copy is Certified Copy (Additional Copy is enclosed) (Additional Copy is Certified Cop

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

is enclosed)

Articles of Amendment to Articles of Incorporation

TOP HEAT THEARE OPTIONS INSURANCE AGENCY INC.

(Name of Corporation as current)	v filed with the Florida Dept, of State)	•••	
P19000045091			
(Document Number o	f Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this ts Articles of Incorporation:	Florida Profit Corporation adopts the foll	owing amendn	ient(s)
A. If amending name, enter the new name of the corporation:		T-1	
name must be distinguishable and contain the word "corporation," "cornor the designation "Corp," "Inc," or "Co", enderthered," "professional association," or the abbreviation "P.A."	I professional corporation name must co		
3. Enter new principal office address, if applicable:	500 Fairway Drive		
Principal office address <u>MUST BE A STREET ADDRESS</u>)	Suite 102		
	Deerfield Beach, FL 33441		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
 If amending the registered agent and/or registered office address new registered agent and/or the new registered office address 		, [2]	
Name of New Registered Agent		f	1*
		N	•
tFlorida str	eet address)		•
New Registered Office Address:	(City), Florida	(Zip Code)	. :
	K IIŸ)	(Zip Cour)	
Sew Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am familiar v	<u>:</u> with and accept the obligations of the posit	ion.	
Signature of New R	egistered Agent, if changing		
Check if applicable			

[☐] The amendment(s) is/are 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>e</u>	
X Remove	<u>V</u>	Mike Joi	nes	
X Add	<u>sv</u>	Sally Sm	n <u>ith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change		_		
Add				
Remove				•··
2) Change		_		
Add				
Remove Change		_		
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4) Change				
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Remove				
5) Change		_		
Add				
Remove				
6) Change		_	<u> </u>	
Add				
Remove				

(Attach additional sheets, if i	necessary). (Be spe	er change(s) here ecific)			
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If an amendment provides provisions for implementi	<u>for an exchange, re</u> ing the amendment	<u>classification, or</u> if not contained i	<u>cancellation of issu</u> n the amendment i	<u>ied shares,</u> tself:	
(if not applicable, indic	cate N/A)				
				·	
			<u> </u>		-

The date of each amendment(s) ac	07/01/2022 loption:	
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file da	nte)
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requirem partment of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shar	eholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for the efficient for approval.	umendment(s)
	roved by the shareholders through voting groups. The followeach voting group entitled to vote separately on the amenda	-
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
07/25/2022 Dated Signature	Tillyst.	
selected	rector, presiden of other officer – if directors or officers have l, by an incorporator – if in the hands of a receiver, trustee, or ed fiduciary by that fiduciary)	
	Tiffanie Gonzalez	
	(Typed or printed name of person signing)	· · · · · · · · · · · · · · · · · · ·
	President	
	(Title of person signing)	