P19000086384

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Be	usiness Entity Nar	ne)
(De	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	





900347755039

07/03/20--01013--005 **52.58

02.1. - J Fil 3: p2

Anundrus

AUG 20 2020 I ALBRITTON

COVER LETTER

TO: Amendment Section & Division of Corporations

* #	11
NAME OF CORPORATION: ASSUCAT	
DOCUMENT NUMBER: P19000	0086384
The enclosed Articles of Amendment and fee are s	submitted for filing.
Please return all correspondence concerning this m	natter to the following:
Tavere Jo	Name of Contact Person
Assurance	Health Solutions Inc.
9747 W.	Sample Rd. Address
_	Address MS, FL 33065 City/ State and Zip Code
<u>info@ass</u> E-mail address: (to be t	Urance Nealth Solutions inc. Comused for future annual report notification)
For further information concerning this matter, plea	ase call:
Tavere Johnson	at (954) 255-5205
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	e payable to the Florida Department of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & ☐\$552.50 Filing Fee Certified Copy (Additional copy is enclosed)
Mailing Address	Street Address
Amendment Section	Amendment Section Division of Corporations
Division of Corporations P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

Articles of Incorporation

Assurance

(Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known)

. If amending name, enter the new name of the c	.or por actor.	The ne
ame must be distinguishable and contain the word "a Inc.," or Co.," or the designation "Corp," "Inc, chartered," "professional association," or the abbr	corporation," "company," or "incorporated" or the c ," or "Co". A professional corporation name m reviation "P.A."	abbreviation "Corp.,
. Enter new principal office address, if applicable Principal office address MUST BE A STREET AD		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>OX</u>)	20:30 .
		: ن
. If amending the registered agent and/or registered new registered agent and/or the new registered	ered office address in Florida, enter the name of the office address:	P; 3: 02
Name of New Registered Agent	· · · · · · · · · · · · · · · · · · ·	02
	(Florida street address)	
	, Floric	la(Zip Code)
New Registered Office Address:		(22)
New Registered Office Address:	1447	
ew Registered Agent's Signature, if changing Re	gistered Agent:	
ew Registered Agent's Signature, if changing Re		position.

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.

<u>X</u> Change	<u>PT</u> John	<u> Doc</u>	
X Remove	<u>V</u> <u>Mik</u>	<u>e Jones</u>	
X Add	<u>SV</u> <u>Sally</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
I) Change	PTD	Tavere Johnson	9747 W Sample Rd.
Add			Coral Springs FL 33065
Remove 2) Change Add	<u>vs</u>	Tavere Johnson	9747 W. Sample Rd. Coral Springs, FL 3306
Remove 3) Remove Change	P	John Anstell	3084 Lighthouse Pl. MARGATE FL 33063
Remove 4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
Remove			

\tilde{G}	amending or adding additional Articles, enter change(s) here: stach additional sheets, if necessary). (Be specific)
ζ,	the specific
	
L 14	an amendment provides for an exchange, reclassification, or cancellation of issued shares,
' · <u>1</u>	provisions for implementing the amendment if not contained in the amendment itself:
	provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendment(s) adoption:date this document was signed.	06/01/2020	, if other than the
Effective date <u>if applicable</u> :	06/01/2020 (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does to document's effective date on the Department of	not meet the applicable statutory filing requirements	
Adoption of Amendment(s) (<u>Cl</u>	HECK ONE)	
☐ The amendment(s) was/were adopted by the action was not required.	e incorporators, or board of directors without sharehol	der action and shareholder
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The number of votes cast for the amer	ndment(s)
	he shareholders through voting groups. The following group entitled to vote separately on the amendment	
"The number of votes cast for the ame	endment(s) was/were sufficient for approval	
by(vo	ting group)	
Dated		
Signature	sident or other officer – if directors or officers have no	 or been
selected, by an inc	corporator – if in the hands of a receiver, trustee, or of y by that fiduciary)	
	#W ANSTETT (Typed or printed name of person signing)	
	SIDENT	
	(Title of person signing)	