720000066469

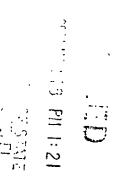
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	The National Insu	rance Group Inc.	
DOCUMENT NUM	P20000066469 BER:		
		hmitted for filing	
The enclosed Articles	of Amendment and fee are su	omittee for fitting.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Keon Rouse		
	The National Insurance Grou	Name of Contact Person up Inc.	
	1001 W. Cypress Creek Blvd	Firm/ Company 1 # 101	
	Fort Lauderdale, FL, 33309	Address	
		City/ State and Zip Code	
	sales@nationalhealthinsuran	icegroup.com	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
(V) Keon Rouse		954 at (658-6161
Name	of Contact Person		le & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	rtment of State:
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	■\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Amenda Division The Co	Address ment Section n of Corporations entre of Tallahassee I. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Numa	of Corporation as currently	filed with the Floride De	nt of State)		
P20000066469	or Corporation as currently	thed with the Figure De	pt. or state)		
	(Document Number of	Corporation (if known)			
Pursuant to the provisions of section 607 ts Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation	adopts the follow	ing ame	ndment(s) t
A. If amending name, enter the new n	ame of the corporation:				
National Insurance Group Inc.				The	new .
name must be distinguishable and contain "Inc.," or Co.," or the designation "C	Corp," "Inc," or "Co". A	ompany," or "incorporated professional corporation	" or the abbrevia name must cont	tion "Ce	orp"
"chartered," "professional association," B. Enter new principal office address,		N/A			
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)				
•					
			···		
C. Enter new mailing address, if appl (Mailing address <u>MAY BE A POST</u>		N/A		<u>``</u> ``	
. , , , , , , , , , , , , , , , , , , ,					
			,		
				· : :	
D. If amending the registered agent ar		ss in Florida, enter the n	ame of the	-0	7.1
new registered agent and/or the ne			100	===	U
Name of New Registered Agent	N/A			_{\frac{1.}{1.}}	
			नि हो		
	(Florida stree	et address)			
N D : 1000 All .	N/A		N/A		
New Registered Office Address:		City)	, Florida <i>(Zi</i>	p Code)	- -
	·	•			
New Registered Agent's Signature, if c					
hereby accept the appointment as regis	tered agent. I am familiar wi	ith and accept the obligation	ons of the position	7.	
	Cr D .	gistered 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.

Example: X Change	<u>PT</u>	John Doo	£	
X Remove	<u>V</u>	Mike Jor	<u>ics</u>	
\underline{X} Add	<u>SV</u>	Sally Sm	<u>ith</u>	
Type of Action (Check One)	Title		<u>Namç</u>	Address
1) Change	N/A	_	N/A	N/A
Add				
Remove				
2) Change				
Add				
Remove 3)Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

	nending or adding additional Articles, enter change(s) here: ch additional sheets, if necessary). (Be specific)
The Pu	rpose of this amendment is too specifically omit the word "The" from the Corporation Name.
	amendment provides for an exchange, reclassification, or cancellation of issued shares, visions for implementing the amendment if not contained in the amendment itself; (if not applicable, indicate N/A)
. <u>If an</u> pro	(if not applicable, indicate N/A)
. <u>If an</u> pro	
. <u>If an</u> pro N/A	
N/A	

N/A The date of each amendment(s) adoption: _______, if other than the date this document was signed. 3/15/2021Effective date if applicable: (no more than 90 days after amendment file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) ■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder. action was not required. ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): "The number of votes cast for the amendment(s) was/were sufficient for approval (P) D'lan Coakly and (V) Keon Rouse (voting group) 3/15/2021 Dated_____

re

- By a director_president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Keon Rouse

(Title of person signing)

(Typed or printed name of person signing)
Vice President