P21000057591

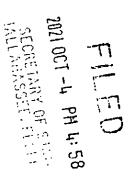
(Re	equestor's Name)	
(Ad	ldress)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Embark Insurance	Inc				
DOCUMENT NUM	P21000057501					
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.				
Please return all corre	espondence concerning this ma	atter to the following:				
	Megan Belcourt					
	- 117	Name of Contact Persor	1			
	Souza's Tax & Accounting Professionals Inc					
		Firm/ Company				
	6239 Edgewater Drive Suite	D-01				
		Address				
	Orlando, FL 32810					
		City/ State and Zip Code	e			
	incorporating@souzatax.com					
		sed for future annual report	notification)			
For further informatic	on concerning this matter, plea		895-4099			
Name of Contact Person		at (Area Coo	895-4099 de & Daytime Telephone Number			
Enclosed is a check for	or the following amount made					
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
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

Articles of Amendment to Articles of Incorporation of

FILED

2021 OCT -4 PM 4:58

Embark Insurance Inc	55005
(Name of Corporation as current	v filed with the Florida Dept. of State) 11 AHASSET CIT
P21000057591	
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
Vital Insurance Professionals Inc	The new
name must be distinguishable and contain the word "corporation," "o "Inc.," or Co.," or the designation "Corp," "Inc," or "Co",, "chartered," "professional association," or the abbreviation "P.A."	company," or "incorporated" or the abbreviation "Corp.,"
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office addinew registered agent and/or the new registered office address	
Name of New Registered Agent	<u> </u>
(Florida str	vet address)
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar w	
Signature of Vine D.	rgistered Agent, if changing
Signature of New Re	gimerca Agem, ij changing

Check if applicable

 \Box 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)

Example:

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	$\overline{\text{PT}}$	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<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				

ttach additional sheets	i, if necessary). (Be specific)			
 				
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			*	
an amendment provi	des for an exchange, reclassificenting the amendment if not co	ation, or cancellation of is	ssued shares,	
(if not applicable, i	ndicate N/A)	mamed in the amengmen	n usen.	
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			<u>-</u>	
		 <u>-</u>		
			_	
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The date of each amendment(s	adoption:	, 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 thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date. Department of State's records.	ite will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were action was not required.	idopted by the incorporators, or board of directors without shareholder acti	on and shareholder
■ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment sufficient for approval.	s)
	approved by the shareholders through voting groups. The following statem for each voting group entitled to vote separately on the amendment(s):	2nt
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
09/16/20 Dated	21	
Dated		
Signature 🗡	tag	
selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other coun inted fiduciary by that fiduciary)	τ
	Ryan Kochan	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	