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## COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPOR	RATION: ADVISORS4LIFE	CORPORATION			
DOCUMENT NUMI	BER: P21000093676				
	of Amendment and fee are sub	omitted for filing.			
Please return all corre	spondence concerning this mat	ter to the following:			
	EURO TULIO GRANADILI	O CURIEL Name of Contact Person	- /		
		Firm/ Company	/Adviso(54)life(apolation		
	3323 ELK RIDGE LN	Time Quinpair,			
		Address			
	KATY/ TX 77494				
		City/ State and Zip Code			
	EUROTULIO@GMAIL.COM	М			
	E-mail address: (to be us	ed for future annual report	notification)		
For further information	n concerning this matter, pleas	e call:			
EURO TULIO GRA	NADILLO CURIEL	954 at (	3714170		
Name	of Contact Person	Area Coo	le & Daytime Telephone Number		
Enclosed is a check for	or the following amount made p	payable to the Florida Depa	irtment of State:		
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
	iling Address endment Section		Address ment Section		

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

## Articles of Amendment to Articles of Incorporation of

ADVISORS4LIFE CORPORATION

..

(Name of Corporation as cur	rently filed with the Flo	orida Dept. of State)	
P21000093676			
(Document Num	ber of Corporation (if kn	own)	
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	, this <i>Florida Profit Corp</i>	poration adopts the follow	ving amendment(s) to
A. If amending name, enter the new name of the corporatio	<u>on:</u>		
MIGHTY SHIELD INSURANCE CORPORATION			The new
name must be distinguishable and contain the word "corporation "Inc.," or Co.," or the designation "Corp," "Inc," or "Co "chartered," "professional association," or the abbreviation "i	". A professional corp	rporated" or the abbrevio poration name must con	ition "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		<u>u</u>	·
<ul> <li>C. Enter new mailing address, if applicable:         (Mailing address MAY BE A POST OFFICE BOX)</li> <li>D. If amending the registered agent and/or registered office new registered agent and/or the new registered office address</li> </ul>		ter the name of the	
N. CM. In the state of the stat	<u> </u>		
(Flori	ida street address)		
New Registered Office Address:		, Florida	
	(City)	(Z	ip Code)
New Registered Agent's Signature, if changing Registered A	vgent:		
I hereby accept the appointment as registered agent. I am fami		obligations of the positio	n,
Signature of N	lew Registered Agent, if o	changing	
<b>3</b> 3	5 5 7	<b>5</b> 5	

☐ 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)

\_Add

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.

Mike Jones, V as Remove Example:	, and Sal	ly Smith, .	SV as an Add.	
X Change	PT	John De	<u>oe</u>	
X Remove	$\underline{V}$	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	n <u>ith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change		_		-4-4-1
Add				<u> </u>
Remove				
2) Change		<del></del>		
Add				
Remove 3 ) Change		<del></del>		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				

If an amendment provides for an exchange, reclassification, or cancell provisions for implementing the amendment if not contained in the a (if not applicable, indicate N/A)	
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(if not applicable, indicate N/A)	ition of issued shares.
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The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, this daepartment of State's records.	ite will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareholder acti-	on and shareholder
☐ The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes cast for the amendment( officient for approval.	s)
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following statemed each voting group entitled to vote separately on the amendment(s):	201
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by	••	
	(voting group)	
selected	rector president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other cour ed fiduciary by that fiduciary)	<del></del> t
	(Typed or printed name of person signing)	
	(easu(el	
	(Title of person signing)	

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