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Michael G. Adams
Kentucky Secretary of State
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COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings
Business Filings
P.O. Box 718,
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Certificate of Assumed Name
(Domestic or Foreign Business Entity)

ASN

Pursuant to the provisions of KRS 365.015, the undersigned applies to assume a name and, for that purpose, submits the following statement:

1. The assumed name is: easyMed Insurance Services.

2. The real name of the business entity (and in the case of general partnership, the partners) that is/are adopting the assumed name:
e-TeleQuote Insurance, Inc.
Name must be identical to the real name on record with the Secretary of State.)

3. The entity type is **(you must check one):**

a Domestic General Partnership	____ a Foreign General Partnership
a Domestic Limited Liability Partnership	a Foreign Limited Liability Partnership
a Domestic Limited Partnership	a Foreign Limited Partnership
____ a Domestic Business Trust	a Foreign Business Trust
a Domestic Corporation	X a Foreign Corporation
____ a Domestic Limited Liability Company	a Foreign Limited Liability Company
a Domestic Statutory Trust	a Foreign Statutory Trust
a Domestic Limited Cooperative Association	a Foreign Limited Cooperative Association
a Domestic Unincorporated Non-profit Association	a Foreign Unincorporated Non-profit Association

4. The entity is organized and existing in the state or country of Florida.

5. The mailing address is:

5659 Rio Vista Dr	Clearwater	FL	33760
Street Address or Post Office Box Numbers	**City**	**State**	**Zip**

I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.

	Asa Behnia	Assistant Secretary	May 17, 2023
Authorized Party Signature	**Printed Name**	**Title**	**Date**

(7/20)