P01000038044

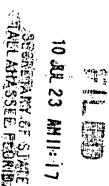
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M.C.

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EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION:	OMNIA ONE, INC.	
DÖCUMENT NUMBER:		P01000038044	
The enclosed Artic	cles of Amendment and fee a	re submitted for filing.	
Please return all co	orrespondence concerning thi	s matter to the following:	
		Bonnie Rodriguez	
• .		Jame of Contact Person	·
		Firm/ Company	
	900 Bay Drive, Suite 202-		
- Marie Contraction	Miam	Beach, Florida 33141	
·		ity/ State and Zip Code	
_	E-mail address: (to be use	d for future annual report notification)	
For further inform	ation concerning this matter,	please call:	
	Everett Wilson	at (305) 37 Area Code & Daytime Tele	4-5600
	e of Contact Person	Area Code & Daytime Tele	
	-		
\$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)
Mailing A		Street Address	
Amendment Section		Amendment Section Division of Corporations	
Division of Corporations P.O. Box 6327		Clifton Building	
Tallahassee, FL 32314		2661 Executive Center Circle	•

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

OMNIA ONE, INC. (Name of Corporation as currently filed with the Florida Dept. of State) P01000038044 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: OMNIA HEALTH, INC. name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address: (Florida street address) , Florida_ (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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)

Title	Name	Address	Type of Action
<u>·</u>			
			
(attach	additional sheets, if necessary). (Be sp	pecific)	
<u>provis</u>	nmendment provides for an exchange, sions for implementing the amendmen not applicable, indicate N/A)		

Effective date if applicable:	(date of adoption is required)
<u></u>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/we	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	are approved by the shareholders through voting groups. The following statement and 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
by	
,	(voting group)
✓ The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
sele	
	Bonnie Rodriguez
	(Typed or printed name of person signing)
	Director
	(Title of person signing)