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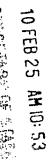
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORE	PORATION:	Envision Medical Solutions	, Inc.
DOCUMENT NUMBER:		P05000083947	
The enclosed Artic	les of Amendment and fee	are submitted for filing.	
Please return all co	rrespondence concerning the	his matter to the following:	
		James M. Puls	
		Name of Contact Person	
	Envisio	on Medical Solutions, Inc.	
		Firm/ Company	
	3710 Cor	porex Park Drive, Suite 215	
		Address	
		ampa, Florida 33619	
	•	City/ State and Zip Code	
	jpuls E-mail address: (to be us	ed for future annual report notification)	<u></u>
For further informa	ation concerning this matter	r, please call:	
	lames M. Puls		662, ext 214
Name	of Contact Person	Area Code & Daytime Tele	phone Number
Enclosed is a check	for the following amount	made payable to the Florida Departi	ment 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)
Mailing Ac Amendmen Division of P.O. Box 63 Tallahassee	t Section Corporations 327	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	;

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation**

Envision Medical Solutions, Inc. (Name of Corporation as currently filed with the Florida Dept. of State)

P0500	00083947				
(Document Number	er of Corporation (if	f known)			
Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation:	Florida Statutes, th	is <i>Florida Profit</i>	Corporation adop	ts the f	òllow
A. If amending name, enter the new name of the	ne corporation:				
				The ne	ew
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the de name must contain the word "chartered," "profes	esignation "Corp,"	"Inc," or "Co".	A professional co	l" or ti rporatio	he on
B. Enter new principal office address, if applic	able:			<u>_</u>	
(Principal office address <u>MUST BE A STREET</u> .			1 mg) [E	-+423
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Sallender Sallender
			A Tables The American	က်	, a Grand
			5231	AM 10: 53	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	ROY)			Ö	# 12 miles
(Muning uturess MAT DE ATOST OFFICE	<u></u>		1 m	्र - 	
				4	
D. If amending the registered agent and/or reg	istered office addr	ess in Florida, en	ter the name of th	<u>e</u>	
new registered agent and/or the new registe	red office address:				
Name of New Registered Agent:					
			_		
New Registered Office Address:	(Florida str	eet address)	_		
Non-tregistative a Office Hadress.	(1 10) 144 50	ce: uuu: ess)			
	(((),)	/7:	, Florida p Code)		
	(City)	(21)	p Coae)		
New Registered Agent's Signature, if changing	Registered Agent:				
I hereby accept the appointment as registered age	nt. I am familiar w	rith and accept the	obligations of the	positior	7.
Sim	nature of New Regis	tered Agent if che	nging		

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
Dir	James Mindala		
<u>Dir</u>	Kevin Nagle	960 Villa Del Sol El Dorado Hills, CA 95762	☑ Add □ Remove
	ding or adding additional Article dditional sheets, if necessary). (
provisi		nge, reclassification, or cancellation on ment if not contained in the amendm	
		,	

The date of each amendment	t(s) adoption: 12/15/09
Effective date <u>if applicable</u> :	(date of adoption is required)
	(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.
	ere approved by the shareholders through voting groups. The following statement of 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)
	(voting group)
The amendment(s) was/we action was not required.	are 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
Dated	2/17/2010 J. M. Pul
Signature	J. A. C.S.
(By sele	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	James M. Puls
	(Typed or printed name of person signing)
	Secretary/Treasurer
	(Title of person signing)