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SENIORS, INC.**

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**ARTICLES OF AMENDMENT TO
ARTICLES OF INCORPORATION OF
SENIORS, INC.
DOCUMENT NUMBER P08000065919**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

I. NAME OF THE CORPORATION - The name of the corporation is:

SENIORS, INC.

II. TEXT OF AMENDMENT ADOPTED - The text of the amendment adopted is:

A. The name of corporation shall hereafter be:

SENTINEL HEALTH OF FLORIDA, INC.

B. The name and address of the Registered Agent shall be:

**FELIX J. MARTIN
6100 Blue Lagoon Drive, Suite 110, Miami, FL 33126**

III. DATE AMENDMENT ADOPTED - This amendment was adopted on August 6, 2014.

IV. AMENDMENT APPROVAL - The foregoing amendment to the Articles of Incorporation was approved and made by the board of directors of the corporation.

EXECUTED this 7th day of August, 2014.

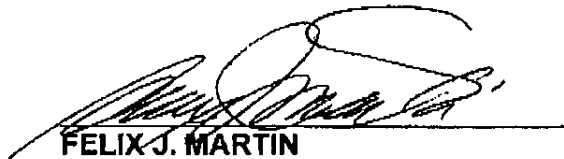
SENTINEL HEALTH OF FLORIDA, INC.


FELIX J. MARTIN
Director

ACKNOWLEDGMENT & ACCEPTANCE OF APPOINTMENT BY REGISTERED AGENT

Having been named to accept service of process for **SENTINEL HEALTH OF FLORIDA, INC.**, the above stated corporation, at the place designed in these Articles, I hereby agree to act in this capacity, and I further agree to comply with provisions of all statutes relative to the proper and complete performance of my duties, and I accept the duties and obligations of Section 607.325 of the Florida General Corporation Act.

Dated this 7th day of August 2014.


FELIX J. MARTIN

**STATE OF FLORIDA
COUNTY OF DADE**

I **HEREBY CERTIFY** that on this day, before me, a Notary Public, duly authorized in the State and County named above to take acknowledgments appeared **Felix J. Martin** personally to me known or who properly identified himself to be the person described as incorporator(s) in and who executed the foregoing described Articles of Incorporation, and he/she/they acknowledged before me that he/she/they subscribed his/her/their name(s) hereto for the purposes therein expressed.

WITNESS my hand and official seal at Miami-Dade County, Florida, this 7th day of August 2014.


NOTARY PUBLIC

My Commission Expires:

Personally known:

I.D. presented: _____

