

P10000035579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

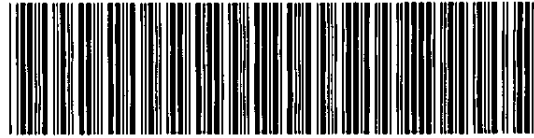
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 JUL 29 PM 5:38
P1-30

RECEIVED
15 JUL 29 AM 10:56
DIVISION OF CORPORATIONS

JUL 30 2015

C McNAIR

W/...

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

15 JUL 29 PM 5:38

ACCOUNT NO. : I20000000195
REFERENCE : 725701 7745122
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 35.00

ORDER DATE : July 28, 2015
ORDER TIME : 4:08 PM
ORDER NO. : 725701-010
CUSTOMER NO: 7745122

DOMESTIC AMENDMENT FILING

NAME: AVANTHA BUSINESS SOLUTIONS,
INC.

EFFECTIVE DATE:

ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

15 JUL 29 PM 5:38
1 211 511

NAME OF CORPORATION: AVANTHA BUSINESS SOLUTIONS, INC.

DOCUMENT NUMBER: P10000035579

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Julie E. Sherman

 Name of Contact Person

Anthelio Healthcare Solutions Inc.

 Firm/ Company

5400 LBJ Freeway, One Lincoln Centre, Suite 200

 Address

Dallas, Texas 75240

 City/ State and Zip Code

julie.sherman@antheliohealth.com

 E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Julie E. Sherman _____ at (214) 257-7120
 Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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 Address
 Amendment Section
 Division of Corporations
 P.O. Box 6327
 Tallahassee, FL 32314

Street Address
 Amendment Section
 Division of Corporations
 Clifton Building
 2661 Executive Center Circle
 Tallahassee, FL 32301

15 JUL 29 PM 5:38

Articles of Amendment
to
Articles of Incorporation
of

Avantha Business Solutions, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P10000035579

(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:

Pyramid Healthcare Holdings Inc.

The new 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**)

14141 46th Street North, Suite 1212

Clearwater, FL 33762

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

P.O. Box 17389

Clearwater, FL 33762

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:

Corporation Service Company

1201 Hayes Street

(Florida street address)

New Registered Office Address:

Tallahassee

(City)

Florida

32301

(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

Courtney Williams
Asst. Vice President

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)

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.

Example:

Change PT John Doe

Remove V Mike Jones

Add SV Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>Ashwani Gupta</u>	<u>19 Spear Road, Suite 308</u> <u>Ramsey, NJ 07446</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>PD</u>	<u>Manoj Malhotra</u>	<u>19 Spear Road, Suite 308</u> <u>Ramsey, NJ 07466</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>T/S</u>	<u>Kishor Naik</u>	<u>19 Spear Road, Suite 308</u> <u>Ramsey, NJ 07466</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>T/S</u>	<u>Kevin Stalbird</u>	<u>19 Spear Road, Suite 308</u> <u>Ramsey, NJ 07466</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Asif Ahmad</u>	<u>5400 LBJ Freeway, One Lincoln</u> <u>Centre, Suite 200</u> <u>Dallas, TX 75240</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D, VP, S</u>	<u>Lane Cates</u>	<u>5400 LBJ Freeway, One Lincoln</u> <u>Centre, Suite 200</u> <u>Dallas, TX 75240</u>

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)

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.

Example:

Change PT John Doe
 Remove V Mike Jones
 Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	P	<u>Kelly Vroom</u>	<u>5400 LBJ Freeway, One Lincoln Centre, Suite 200 Dallas, TX 75240</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	CFO	<u>Jeff Robertson</u>	<u>5400 LBJ Freeway, One Lincoln Centre, Suite 200 Dallas, TX 75240</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	VP/T	<u>Dennis Haines</u>	<u>5400 LBJ Freeway, One Lincoln Centre, Suite 200 Dallas, TX 75240</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	AT	<u>Rick Lewis</u>	<u>5400 LBJ Freeway, One Lincoln Centre, Suite 200 Dallas, TX 75240</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	AGC	<u>Julie Sherman</u>	<u>5400 LBJ Freeway, One Lincoln Centre, Suite 200 Dallas, TX 75240</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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/were adopted by the board of directors without shareholder action and shareholder action was not required.

The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 7/28/15

Signature E. Lane Cates

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

E. Lane Cates

(Typed or printed name of person signing)

Vice President and Secretary

(Title of person signing)