## P12000015464

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## **COYER LETTER**

**Division of Corporations** NAME OF CORPORATION: Resolvi, Inc. DOCUMENT NUMBER: P12000015464 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **Elssy Gravier** Name of Contact Person Resolvi, Inc. Firm/ Company 1122 S.W. 8TH ST. Address Miami-Florida 33130 City/ State and Zip Code abcmedicalservice@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Elssy Gravier Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee **\$35** Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed)

**Mailing Address** 

TO: Amendment Section

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

## **Articles of Amendment** Articles of Incorporation of

FILED

12 MAY 31 PM 4:38.

RESOLVI, INC.

SERRETARY OF STATE!

(Name of Corporation as currently filed with the Florida Dept. of State) P12000015464 (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: N/A 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." 1122 S.W. 8th St. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Miami-Florida 33130 C. Enter new mailing address, if applicable: Same as above (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: **Elssy Gravier** Name of New Registered Agent 2331 S.W. 6th St. (Florida street address) Miami New Registered Office Address (City) 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)

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: <u>X</u> Change	<u>PT</u>	John Doe	
X Remove	Y	Mike Jones	•
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add	VP	Jose J. Gravier	2331 S.W. 6th St. Miami, Florida
X Remove			33135
2) Change Add Remove	<u>r</u>	Alejandro Gravier	2331 S.W. 6th. St Miami, Florida 33135
3 ) Change Add Remove			
4) Change Add Remove	<del></del>		
5) Change Add Remove			
6) Change Add Remove			

If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
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If an amendment provides for an exprovisions for implementing the am (if not applicable, indicate N/A)	nendment if not con	tion, or cancellation tained in the amen	n of issued shares, dment itself:	
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The date of each amendment(s)	adoption: 05/25/2012
Effective date <u>if applicable</u> : 0	5/25/2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
by	
	(voting group)
action was not required.	dopted by the board of directors without shareholder action and shareholder dopted by the incorporators without shareholder action and shareholder
<sub>Dated</sub> 05/25	5/2012
Signature	He el,
· •	director, president or other officer - if directors or officers have not been
	ted, by an incorporator - if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	Elssy Gravier
	(Typed or printed name of person signing)
	President
	(Title of norson cigning)