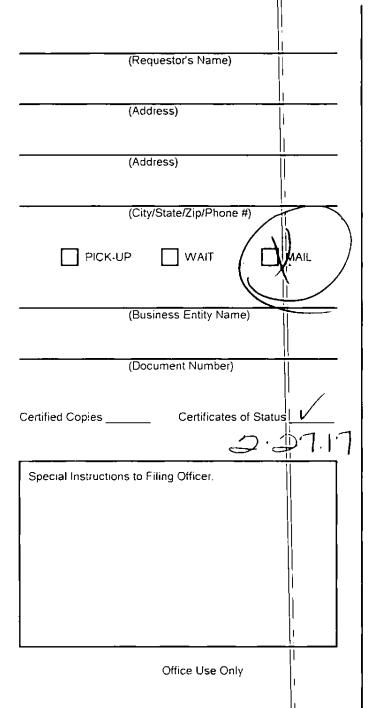
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	TION: Solis He	Ith Plans, Inc.	
	P150000942	26	- -
DOCUMENT NUMBE	.K:		<u> </u>
The enclosed Articles of	Amendment and fee a	re submitted for filing.	
Please return all correspondence concerning this		s matter to the following:	
		James P. Burleson	
_		Name of Contact Person	
	Ŋ	leenan, P.A.	
_		Firm/ Company	
_	P.O.	Box 11247	
	T - 11	Address	
	alla	hassee, FL 32302	
		City/ State and Zip Code	•
	jim@meenanl	wfirm.com	
	E-mail address: (to	be used for future annual report	notification)
For further information	concerning this matter,	please call:	
James P. Burleson		at (at (425-4000
Name of Contact Person		Area Coo	de & Daytime Telephone Number
Enclosed is a check for	the following amount m	 lade payable to the Florida Depa 	rtment of State:
□ \$35 Filing Fee	■S43.75 Filing Fee Certificate of Stat		☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Divisi P.O. I	ng Address dment Section on of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E.	Address ment Section n of Corporations Building xecutive Center Circle ssee, Fl. 32301

Articles of Amendment Articles of Incorporation of

Solis Health Plan	ış, Inc.		
(Name of Co	rporation as currently f	iled with the Florida Dept. of State)	_
P15000094226			
	(Document Number of Co	orporation (if known)	_
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:	JFlorida Statutes, this <i>Fle</i>	orida Profit Corporation adopts the following amendment(s)	to
A. If amending name, enter the new name of	 of the corporation:		
	n/a	The new	
	Corp," "Inc," or "Co	"company," or "incorporated" or the abbreviation ". A professional corporation name must contain the 4."	
B. Enter new principal office address, if ap	 plicable:	300 South Duval Street, Suite 410	
(Principal office address MUST BE A STRE	ET ADDRESS)	Tallahassee, FL 32301	
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)		n/a	
D. If amending the registered agent and/or new registered agent and/or the new reg		s in Florida, enter the name of the	•
	1		
	(Florida street	address)	
New Registered Office Address:	(Ci	, Florida iv) (Zip Code)	
	\parallel		
New Registered Agent's Signature, if chang	ing Registered Agent:	I all and the second	
I hereby accept the appointment as registered	agent. Tam jamutar witi 	ana accept the obligations of the position.	
	Signature of New Reg	istered Agent, if changing	

address of each Officer a (Attach additional sheets, Please note the officer/dir P = President; V= Vice I Executive Officer; CFO = held. President, Treasurer Changes should be noted	ind/or D if necess rector titl President = Chief I r, Directo in the for	irector being ary) The by the first in the	ng added: tetter of the office title: wer; S= Secretary: D= Director; The properties of the officer/director holds me properties of the properties of the listed as the Sally Smith is named the V and S. Ti	R= Trustee; C = Chairman or Clerk; CEO = Chiefwore than one title, list the first letter of each office the PST and Mike Jones is listed as the V. There is these should be noted as John Doe, PT as a Change.
X Change	PT	John Doe		
X Remove	\underline{V}	Mike Jone	∏ <u>≨</u> 	
<u>X</u> Add	<u>sv</u>	Sally Smit	<u>h</u> 	
Type of Action (Check One)	<u>Title</u>	<u>N</u>	lame 	<u>Addres</u> s
1) Change			n/a	
Add		_		
Remove				
2) Change				
Add				
Remove				
3) Change		_ -	<u> </u>	
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		 –		
Add				
Remove				
6) Change				
Add				

____ Remove

If amending or adding additional Artic (Attach additional sheets, if necessary).	(Be specific)
n/a	
	1
	li
<u> </u>	
If an amendment provides for an exchi-	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
(if not applicable, indicate NA)	
n/a	
	ll .

1	
ļ	
The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block does document's effective date on the Department of	not meet the applicable statutory filing requirements, this date will not be listed as the f State's records.
Adoption of Amendment(s) (C	HECK ONE)
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. The number of votes cast for the amendment(s) approval.
☐ The amendment(s) was/were approved by t must be separately provided for each voting	he shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes cast for the ame	 endment(s) was/were sufficient for approval
by	oling group)
(vo	óling group)
☐ The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the action was not required.	 e incorporators without shareholder action and shareholder
Dated September	5 2017 1 1/2 2011
Signature / WM/7	sident or other officer – if directors or officers have not been
selected, by an in-	corporator – if in the hands of a receiver, trustee, or other court ry by that fiduciary)
Ti	mothy J. Meenan
	[Typed or printed name of person signing)
Inc	 orporator
	(Title of person signing)
	VI
	'