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| To:    |  |                                    |                     |      |
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|        | Division of Corpora                      | tions                              | ··                  |      |
|        |  | 50)617-6380                        |                     | 2018 |
| From:  |  |                                    | <u> </u>            | _    |
|        | Account Name : LA<br>Account Number : 12 | ZARUS CORPORATE FILING SERVICE, IN | ic. 품별              |      |
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| **Ente | r the email address                      | for this business entity to be use |                     |      |
|        | annual ceport mailing                    | 5. Enter only one email address p  | o rocatuti          |      |
|        |  | processing one chart doutess b.    | S                   | w    |
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## COR AMND/RESTATE/CORRECT OR O/D RESIGN PRO-HEALTH MOBILE SCREENING, INC

| Certificate of Status | 0       |  |  |
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Articles of Amendment

| ~  | Articles of In  | corporation   |
|--|---|---|
| PRO-HEA  | 10<br>LTH MOBILE SCREENIN                                 |   |
| (Name  | of Corporation as current                                 | y filed with the Florida Dept. of State)  |
| P180000459   | 77  |   |
|  | (Document Number o  | f Corporation (if known)  |
| Pursuant to the provisions of section 607 its Articles of Incorporation:   | 7.1006, Florida Statutes, this                            | Florida Profit Corporation adopts the following amendment(s) to   |
| A. If amending name, enter the new n   | same of the corporation:                                  |   |
| name must be distinguishable and cor<br>"Corp.," "Inc.," or Co.," or the design<br>word "chartered," "professional associa |   | The new no." "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the P.A." |
| B. Enter new principal office address.   | if applicable:  | 3330 NE 190 ST #2217  |
| (Principal office address MUST BE A S  | TREET ADDRESS)  | AVENTURA, FL. 33180   |
|  |   |   |
| C. Enter new mailing address, if appli<br>(Mailing address MAY BE A POST)  | icable:<br>OFFICE BOX)                                    | 3330 NE 190 ST #2217  |
|  |   | AVENTURA, FL. 33180   |
|  |   |   |
| D. Hamending the registered agent an new registered agent and/or the new   | d/or registered office address:                           | ess in Florida, enter the name of the   |
| Name of New Registered Agent   | RALPH SERRANO   |   |
|  | 9425 SW 72 ST #233  |   |
| •  | (Florida stree  | et address)   |
| New Registered Office Address:   | MIAMI   | , Florida 33173   |
|  | (0  | City) (Zip Code)  |
| New Registered Agent's Signature, If ch<br>hereby accept the appointment as registe  | ianging Registered Agent:<br>cred agent. I am familiar wi | th and accept the obligations of the position.  |
| Men  | huy for   | gistered Ageni, if changing   |
|  | -Signature of New Key                                     | gistered Agent, if changing   |

| If amending the Officers and/or Directors, enter the fitte and   | e  |
|--|--|
| If amending the Officers and/or Directors, enter the title and nan<br>address of each Officer and/or Director being added: | ic of each officer/director being removed and title, name, and |
| (dense at the  | , and  |

(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:

| X Change                      | PT        | <u>John Doe</u>     |                      |
|-------------------------------|-----------|---------------------|----------------------|
| X Remove                      | <u>v</u>  | Mike Jones          |                      |
| X Add                         | <u>sv</u> | Sally Smith         |                      |
| Type of Action<br>(Check One) | Title     | Name                | Address              |
| 1) Change                     | P         | JAVIER SANCHEZ      | 2120 COVE LANE       |
| Add                           |           |                     | WESTON, FL. 33326    |
| X Remove                      |           |                     |                      |
| 2) Change                     | P,S       | AARON M. FRIEDEBERG | 3330 NW 190 ST #2217 |
| X Add                         |           |                     | AVENTURA, FL. 33180  |
| Remove                        |           |                     |                      |
| 3) Change                     |           | -                   | -                    |
| Add                           |           |                     |                      |
| Remove                        |           |                     |                      |
| 4) Change                     |           |                     |                      |
| Add                           |           |                     |                      |
| Remove                        |           |                     |                      |
| 5) Change                     |           |                     |                      |
| Add                           |           |                     |                      |
| Remove                        |           |                     |                      |
| の Change                      |           |                     |                      |
| Add                           |           |                     |                      |
| Remove                        |           | •                   |                      |

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| The date of each amendment(s) adoption:, if other than t   |
|--|
| 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 east 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   |
| by   |
| ☐ 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  |
| (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) |
| AARON M. FRIEDEBERG  |
| (Typed or printed name of person signing)  |
| PRESIDENT  |
| (Title of person signing)  |

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