# P17000095972

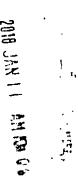
(Requestor's Name)
(Address)
(Address)
(Addless)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(,,,,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800307584548

81/11/18--01020--009 \*\*43.75



JAN 12 2018 C MCNAIR

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

2018 JAN 11 AN ED 08

NAME OF CORPO	ORATION: CYPRESS HEALT	ГН CORP			
	1BER: P17000098972				
The enclosed Article	es of Amendment and fee are su	bmitted for filing.			
Please return all corr	respondence concerning this ma	tter to the following:			
	JEAN PHILIPPE PARADIS				
	<del> </del>	Name of Contact Person	n		
	CYPRESS HEALTH CORP				
		Firm/ Company			
	20801 BISCAYNE BOULEV	• •			
	Address				
	AVENTURA, FL 33180				
		City/ State and Zip Cod	<u></u>		
		enyi biaic and zip coa	•		
FAI	3RICE@MCHCONSULTING				
	E-mail address: (to be us	sed for future annual report	notification)		
For further informati	on concerning this matter, pleas	se call:			
FABRICE HERZSTEIN		786	923-5948		
Name	e of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment 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		
			Iment Section		
			on of Corporations Building		
			executive Center Circle		

Tallahassee, FL 32301

### Articles of Amendment

## Articles of Incorporation of

PPPPFCC	HEA	LTL	$C \cap PP$

2018	JAR	1	I	Art Fib	r. a
------	-----	---	---	---------	------

(Name of Corporation as currently	iled with the Florida Dept. of State)
P17000098972	
(Document Number of C	orporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>FI</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<del>_</del>
	· · · · · · · · · · · · · · · · · · ·
D. If amending the registered agent and/or registered office address	s in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida street	address)
New Registered Office Address:	, Florida
(C	(Zip Code)
Name Daniele and A. A. A. C. C. and C. L. C. D. C. C. L. A. C.	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations of the position.
	, 3 , ,
Signature of New Reg	istered 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: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	HEARN MELONDY	301 SE 13TH COURT
X Add			
Remove			POMPANO BEACH, FL 33060
2) X Change	<u>v</u>	JEAN PHILIPPE PARADIS	1280 RUE DU COMTE
Add Remove			QUEBEC, QC G2L 1-B9 QC
3 ) Change			
Add			
4) Change			
Add Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary). (Be specific)	
<del>-</del>	
	· · · ·
	· · · · · · · · · · · · · · · · · · ·
If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	
	<u> </u>
	···
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

	pption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this blodocument's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date artment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes east for the amendment(s) icient for approval.	
	oved by the shareholders through voting groups. The following statemen ach voting group entitled to vote separately on the amendment(s):	t
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adop action was not required.	ted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopt action was not required.	ted by the incorporators without shareholder action and shareholder	
01/08/2018		
DatedSignature	Relades	
selected,	by an incorporator—if in the hands of a receiver, trustee, or other court if friduciary by that fiduciary)	
J	EAN PHILIPPE PARADIS	
_	(Typed or printed name of person signing)	
F	RESIDENT	

01/08/2018

(Title of person signing)