## 674939

(Re	equestor's Name)							
(Ad	ldress)							
(Ac	ldress)							
(Cit	y/State/Zip/Phon	e #)						
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPOR	ATION: <u>SVN STATI</u>	ES SERVICES INC	
	er: <u>674939</u>	,	
The enclosed Articles o	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	oondence concerning this ma	tter to the following:	
_	W	ILLIAM BUSHELL Name of Contact Person	
		Name of Contact Person	n
	571N 57	ATTES SELLUICES . W	IL
<del></del>		ATES SELVICES , IA Firm/Company	
-	3000 0	OULF TO BAY BLVD	5TE 218
		71001000	
_	CL	EARWATEL FL City/ State and Zip Cod	<i>33759</i>
		City/ State and Zip Cod	e
	E-mail address: (to be us	OUCHMEDICAL GROUP. CO. sed for future annual report	notification)
For further information	concerning this matter, please	se call:	
WILL	M BOSWELL	at ( <u>903</u>	de & Daytime Telephone Number
Name of	f 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)
<u>Maili</u>	ing Address	<u>Street</u>	Address
Amer	ndment Section		Iment Section
Divis	ion of Corporations	Divisio	on of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED

16 MAY -3 AM II: 04

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C _ 53	PERFORM THE STATE
filed with the Florida Den	n of State) = FLOREA
Corporation (if known)	
Florida Profit Corporation a	dopts the following amendmen
	The man
o" A professional corpor	The new orated" or the abbreviation ation name must contain the
ss in Florida, enter the nan	ne of the
	<del></del>
L NE , STE A	
City)	. Florida 33767 (Zip Code)
<i>"</i>	
th and accept the obligation	s of the position.
gistered Agent, if changing	<del></del>
	Corporation (if known)  Florida Profit Corporation a

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> <u>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	SV Sal	ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change		CHIP CANTRELL	3000 GULF TO BAY BLVD
Add			5TE 218
Remove			CLEAR WATER FL 33759-430
2) Change		JOSEF SCHAIBLE	3000 GULF TO BAY BLUD
Add			STE 219
Remove			CLEAR-WATER, FL 33759-4304
3) Change		DR, EDWARD PEARSON	3000 GULF TO BAY BLYD
Add			5TE 219
Remove			CLEARWATER, FL 33759-4304
4) X Change	<u></u>	WILL BOSWELL	3000 GULF TO BAY BLUD
Add			5TE 219
Remove			CLEARWATER, FL 33759
5) Change	<del></del>	<del> </del>	
Add			
Remove			
6) Change			
Add			
Remove			

	ttach a	ddii		heets	s, if	necess	ary).				)									
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :  (no more than 90 days after amendment file date)	
(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 dat document's effective date on the Department of State's records.	e will not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
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):	nt
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	г
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature Holl Bard	
(By a director, president or other officer – if directors or officers have not been	<del></del>
selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
(Title of person signing)	