689405

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S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DH 1214 COMPA	NY	
DOCUMENT NUM	689405		
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	DAVID HIGGINS		
		Name of Contact Persor	· · · · · · · · · · · · · · · · · · ·
	DH 1214 COMPANY		
		Firm/ Company	
	1214 Canterbury Drive		
		Address	
	Fort Myers, FL 33901		
		City/ State and Zip Code	?
Kkh	iggins11@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
Kathryne K Higgins		239-565-11	D I
		at (
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	rtment 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)
• Ma	niling Address	Street	Address
	nendment Section	Amendment Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327			Building
Tallahassee, FL 32314		2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

7	ne of Corporation as currently	filed with the Florida Dept. of St	tate)
DH 1214 COMPANY	189905		
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section ϵ its Articles of Incorporation:	07,1006, Florida Statutes, this I	Florida Profit Corporation adopts t	he following amendment(s) to
A. If amending name, enter the nev	name of the corporation:		
Optimum Health 911 Inc.			The new
name must be distinguishable and c "Corp.," "Inc.," or Co.," or the des word "chartered," "professional asso	signation "Corp," "Inc," or "C	Co". A professional corporation i	" or the abbreviation
B. Enter new principal office addre (Principal office address <u>MUST BE</u>			
C. Enter new mailing address, if an (Mailing address MAY BE A PO) D. If amending the registered agent	ST OFFICE BOX)	ess in Florida, enter the name of t	FILED IN THE ORD
new registered agent and/or the			2.*
Name of New Registered Ago	ent		
	(Florida stre	out address s	
	·		
<u>New Registered Office Addre</u>		, Flori City)	da (Zip Code)
New Registered Agent's Signature, I hereby accept the appointment as re			e position.
<u></u>	Signature of New Re	egistered 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.

X Change	<u>PT</u> <u>John</u>	Doe	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
X Change	PST	David Higgins	1214 Canterbury Drive
Add			Fort Myers, FL 33901
Remove			
X 2) Change	AT	Kathryne K Higgins	1214 Canterbury Drive
Add			Fort Myers, FL 33901
Remove			
3) Change	CEO, PD	Kathryne K Higgins	1214 Canterbury Drive
X Add			Fort Myers, FL 33901
Remove			
4) Change	TD	David Higgins	1214 Canterbury Drive
X Add			Fort Myers, FL 33901
Remove			
Chaman			
5) Change		· · · · · · · · · · · · · · · · · · ·	
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:	
(Attach additional sheets, if necessary). (Be specific) N/A	
	_
	_
	_
F. 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)	
N/A	
	_
	
	_

	August 31, 2018	
The date of each amendment(s) add	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)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, that artment of State's records.	his date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adop by the shareholders was/were suf	sted by the shareholders. The number of votes east for the amendaticient for approval.	nent(s)
	oved by the shareholders through voting groups. The following st each voting group entitled to vote separately on the amendment(s)	
"The number of votes east f	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopaction was not required.	oted by the hoard of directors without shareholder action and share	:holder
☐ The amendment(s) was/were adopaction was not required.	sted by the incorporators without shareholder action and sharehold	ler
August 31	2018	
Dated		
Signature		
(By a di selected	rector, president or other officer – if directors or officers have not, by an incorporator – if in the hands of a receiver, trustee, or other diductory by that fiductory)	
_	Kathryne K Higgins Lathryne Aleg gr	<u> </u>
	(Typed or printed name of person signing)	
	TEO President Fallune Thiggs	, ~~
	(Title of person signing)	