



Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067

Phone : (845)425-0077 Fax Number : (845)818-3588

R. WHITE EFOS O PRAA

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN SWTCHIT CO.

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Help

PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION 1 (1-3 MUST BE COMPLETED)

F19000000630	
(Do	cument number of corporation (if known)
1. SWTCHii CO.	
(Name of corporation	on as it appears on the records of the Department of State)
2. Delaware	3 02/04/2019
(Incorporated under laws of	3. (02/04/2019) (Date authorized to do business in Florida)
(4-7 сомі	SECTION II PLETE ONLY THE APPLICABLE CHANGES)
4. If the amendment changes the name of t	ne corporation, when was the change effected under the laws of
its jurisdiction of incorporation?	1/03/2019
5, ah.mi health, co.	
appropriate deore ranking it not contain	ent, adding suffix "corporation," "company," or "incorporated," or ed in new name of the corporation)
6. If the amendment changes the period of	duration, indicate new period of duration.
	n of incorporation, indicate new jurisdiction.
7. If the amendment changes the jurisdictio	n of incorporation, indicate new jurisdiction.
	(New jurisdiction)
 Attached is a certificate or document of s 90 days prior to delivery of the application having custody of corporate records in the 	imilar import, evidencing the amendment, authenticated not more than on to the Department of State, by the Secretary of State or other official e jurisdiction under the laws of which it is incorporated.
- Chill	B HULLIA
of a receiver of Rachel Johnson	director, president or other officer - if in the hands or other court appointed fiduciary, by that fiduciary)
(Typed or printed name of person sig	Officer
Coppen or printed family of person sig	ning) (Title of person signing)



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "SWICHIT CO.", FILED A

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "AH.MI HEALTH,

CO." ON THE THIRD DAY OF APRIL, A.D. 2019, AT 3:54 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE

EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE

RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT

BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AH.MI HEALTH, CO." WAS INCORPORATED ON THE TWENTY-NINTH DAY OF JANUARY, A.D. 2019.

Authentication: 202585106 Date: 04-05-19

7258984 8320 SR# 20192580724

You may verify this certificate online at corp.delaware.gov/authver.shtml