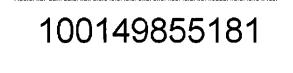
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AND ABASSEE FLORIDA

Charles of Miles

COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION:AD	VOCURE NF2, INC.
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and	d fee are submitted for filing.
Please return all correspondence concern	ing this matter to the following:
CYNTHIA HENRION	T
	(Name of Contact Person)
	(Firm/ Company)
•	
1874 GREENHILL D	R
	(Address)
CLEARWATER	FL 33755
	(City/ State and Zip Code)
For further information concerning this n	natter, please call:
I AM DEAF cynthia henrion	727-251-0666 by text or email cinnyd@gmail.com
(Name of Contact Person)	at ()(Area Code & Daytime Telephone Number)
Enclosed is a check for the following am	ount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Statu	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ADVOCURE NF2,	INC.	
(Name of Corporation as curr	ently filed with the Florida Dept. of St	<u>ate</u>)
(Document Num	nber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, he following amendment(s) to its Articles of In		Profit Corporation adopts
A. If amending name, enter the new name o	f the corporation:	
The new name must be distinguishable and cabbreviation "Corp." or "Inc." "Company" o		corporate For Se
B. Enter new principal office address, if app	olicable:	SE = F
Principal office address <u>MUST BE A STREE</u>		SEE
	<u>, , , , , , , , , , , , , , , , , , , </u>	7 S 10
		95.
		DATE -
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI		<i>:</i>
(11211111111111111111111111111111111111		
·		
D. If amending the registered agent and/or new registered agent and/or the new registered.		ter the name of the
new registered agent and/or the new regi	istered office address.	
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	_
		minutal.
	(City)	, Florida (Zip Code)
	(3.9)	(Lip Cour)
New Registered Agent's Signature, if changi		
I hereby accept the appointment as registered position.	a ageni. I am jamiliar with and acce	ept the obligations of the

Signature of New Registered Agent, if changing

UPON THEDdissolution of this organization, assets shall be distributed for one or moreexempt purposes within the meaning ofsection 501c(3) of the Internal Revenue Code, or corresponding section of any future	change(s) here: (c) pleaseaddd additio	Remove Add Remove Add Remove Add Remove
E. <u>If amending or adding additional Articles, enter change(s) here:</u> (attach additional sheets, if necessary). (Be specific) PER IRS TO BE APPROVEDFFOR 501c(3) pleaseaddd additional article III This organization is organized exclusively for charitable, religious, educational, and scientific purposes under section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax IIII UPON THED dissolution of this organization, assets shall be distributed for one or more exempt purposes within the meaning of section 501c(3) of the Internal Revenue Code, or corresponding section of any future federal taxcode, or shall be distributed to the federal government, o	change(s) here: (c) pleaseaddd additio	Add Remove
E. <u>Hamending or adding additional Articles, enter change(s) here</u> : (attach additional sheets, if necessary). (Be specific) PER IRS TO BE APPROVEDFFOR 501c(3) pleaseaddd additional article III This organization is organized exclusively for charitable, religious, educational, and scientific purposes under section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax IIII UPON THEDdissolution of this organization, assets shall be distributed for one or moreexempt purposes within the meaning of section 501c(3) of the Internal Revenue Code, or corresponding section of any future federal taxcode, or shall be distributed to the federal government, or	change(s) here: (c) pleaseaddd additio	Add Remove
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federal taxcode, or shall be distributed to the federal government, or		
	<u> </u>	
a state or local government, for public purpose .		
	or public purpose	•
		<u> </u>
		rganization, asset within the meaning or corresponding and distributed to the

	The date of each amendment	(s) adoption: $ 1 - 3 - 67 $
	Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
	Adoption of Amendment(s)	(CHECK ONE)
	The amendment(s) was/wer was/were sufficient for appr	re adopted by the members and the number of votes cast for the amendment(s) royal.
/	There are no members or n adopted by the board of dir	nembers entitled to vote on the amendment(s). The amendment(s) was/were ectors. $4 - 8 - 09$
	Signature	Curitha Hemi
	(By have	the chairman or vice chairman of the board, president or other officer-if directors e not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)
		CYNTHIA HENRION
		(Typed or printed name of person signing)
•		TREASURER
		(Title of person signing)

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