

P000000004427

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(Business Entity Name)

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2015 JAN 13 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*DR*  
*1/14/15*

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Exclusive Health Systems Inc  
DOCUMENT NUMBER: P00000004427

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Denisse Fernandez  
Name of Contact Person  
Exclusive Health Systems Inc  
Firm/ Company  
7805 SW 24 ST + 121  
Address  
Miami FL 33155  
City/ State and Zip Code  
N/A  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Denisse Fernandez at ( 305 ) 269 6788  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FILED  
2015 JAN 13 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

Exclusive Health Systems

(Name of Corporation as currently filed with the Florida Dept. of State)

P 000000004427

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

\_\_\_\_\_ The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. If amending the registered agent and/or registered office address 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 \_\_\_\_\_  
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

\_\_\_\_\_  
Signature of New Registered 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:

☒ Change      PT      John Doe  
☒ Remove      V      Mike Jones  
☒ Add      SV      Sally Smith

Type of Action  
(Check One)

Title

Name

Address

- |  |    |                     |                     |
|--|----|---------------------|---------------------|
| 1) <input type="checkbox"/> Change         | VP | Lopez Del Castillo, | 7805 SW 24 ST + 121 |
| <input type="checkbox"/> Add               |    | Marlene             | Miami FL 33155      |
| <input checked="" type="checkbox"/> Remove |    |                     |                     |
| 2) <input type="checkbox"/> Change         |    |                     |                     |
| <input type="checkbox"/> Add               |    |                     |                     |
| <input type="checkbox"/> Remove            |    |                     |                     |
| 3) <input type="checkbox"/> Change         |    |                     |                     |
| <input type="checkbox"/> Add               |    |                     |                     |
| <input type="checkbox"/> Remove            |    |                     |                     |
| 4) <input type="checkbox"/> Change         |    |                     |                     |
| <input type="checkbox"/> Add               |    |                     |                     |
| <input type="checkbox"/> Remove            |    |                     |                     |
| 5) <input type="checkbox"/> Change         |    |                     |                     |
| <input type="checkbox"/> Add               |    |                     |                     |
| <input type="checkbox"/> Remove            |    |                     |                     |
| 6) <input type="checkbox"/> Change         |    |                     |                     |
| <input type="checkbox"/> Add               |    |                     |                     |
| <input type="checkbox"/> Remove            |    |                     |                     |

(Attach additional sheets, if necessary). (Be specific)

(Attach additional sheets, if necessary). (Be specific)

(if not applicable, indicate N/A)

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: 1/1/15, if other than the date this document was signed.

Effective date if applicable: 1/1/15  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☒ 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):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_."  
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 1/1/15

Signature \_\_\_\_\_

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Denisse Fernandez

(Typed or printed name of person signing)

president

(Title of person signing)