Padaojas

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #	7)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)	-
Certified Copies	Certificates o	f Status
Special Instructions to	Filing Officer:	

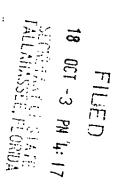
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OCT 05 2018
S. YOUNG



COYER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: SOUTHERN HEA	ALTH CARE CO	RPORATI	ON
DOCUMENT NUMI	P0000007225	,		
The enclosed Articles	of Amendment and fee are su	ibmitted for filing	;.	
Please return all corre	spondence concerning this ma	itter to the followi	ing:	
	JOSHUA AJAYI S.			
	•	Name of Con	tact Person	<u> </u>
	SOUTHERN HEALTH CAR	RE CORPORATI	ON	
		Firm/ Co	mpany	
	2030 NW 119 STREET, # 12		• •	
	 	Addre	ess	
	MIAMI, FLORIDA 33167			
		City/ State and	d Zip Code	<u> </u>
SHC	C53@GMAIL.COM			
	E-mail address: (to be us	sed for future ann	ual report	notification)
For further informatio	n concerning this matter, pleas	se call:		
JOSHUA AJAYI S.		at (786	295-9646
Name	of Contact Person		Area Coo	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Flo	orida Depa	rtment of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filin Certified Co (Additional c enclosed)	py	■S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amo Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314		Amend Division Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

SOUTHERN HEALTH CARE CORP.				
(Name o	f Corporation as curren	itly filed with the Flor	da Dept. of State)	
P0000007225				
	(Document Number	of Corporation (if know	n)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, thi	is Florida Profit Corpo	ration adopts the following amendmen	t(s) to
A. If amending name, enter the new na	me of the corporation:			
SOUTHERN TRIPLE O CORP.			The new	
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professional	"incorporated" or the abbreviation	
B. Enter new principal office address,	if applicable:	633 NE 167TH S	TREET	
Principal office address MUST BE A ST		SUITE #602		
		NORTH MIAMI	BEACH, FL 33162	
C. Enter new mailing address, if appli (Mailing address <u>MAY BE A POST</u> (SAME	ACT -3	1 = 71
				כ
D. If amending the registered agent an new registered agent and/or the new			the name of the	
Name of New Registered Agent	BILIKISU RAJI		<u> </u>	
	633 NE 167TH STREET	Γ, #709		
New Registered Office Address:	(Florida street address)			
	NORTH MIAMI BEACH		Florida 33162	
		(Citv)	(Zip Code)	

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: X Change	<u>PT</u>	John Do	<u>De</u>	
X Remove	$\underline{\mathbf{V}}$	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	Title		<u>Name</u>	Address
1) Change		_		
Add				<u> </u>
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				- -
Remove				

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
, , , , , , , , , , , , , , , , , , ,	()g/
	
	
	
	
	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	nument if not contained in the amendment usen:
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(9 погаррисаете, таксите т/А)	
(y not appricable, maicute N/A)	
(y not appricable, maicule N/A)	.
(y not appricable, maicule N/A)	
у пог аррпсионе, такие пла)	
(y not appricable, maicute NA)	
у пог аррпсионе, такие пла)	
у пог аррисаете, такие пла)	
у пог аррисаете, такие пла)	
у пог аррисаоте, такие пла)	
у пог аррисаете, такие пла)	

The date of each amendment(s) acd ate this document was signed.	option;, if other than the
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes east for the amendment(s) ficient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast	or the amendment(s) was/were sufficient for approval
by	<u> </u>
	(voting group)
action was not required.	pted by the board of directors without shareholder action and shareholder
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder
Dated 09/	128/2018
Signature	
(By a d	rector, president or other officer—if-directors or officers have not been by an incorporator—if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)
	JOSHUA AJAYI S
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)