PD100088734

| (Re | equestor's Name |) |
|-------------------------|--------------------|--------------|
| (Ac | ddress) | |
| (Ac | ddress) | |
| (Ci | ity/State/Zip/Phor | ne #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | usiness Entity Na | ime) |
| (Do | ocument Number |) |
| Certified Copies | Certificate | es of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | · |
| | | |

Office Use Only



500214346705

11/21/11--01049--003 **35.00

SECRETARY OF SIMILE DIVISION OF CORPORATION

Anund MIDAII

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR | RATION: Immediate Health | Care Centers Inc. | |
|--------------------------|---|--|--|
| DOCUMENT NUME | BER: <u>P01000088734</u> | | |
| The enclosed Articles | of Amendment and fee are su | bmitted for filing. | |
| Please return all corres | spondence concerning this ma | itter to the following: | |
| • | | Michel F. Jacques | |
| | 14. | N/A Same | |
| | | Firm/ Company | |
| | . 63 | 38 Silver Star Road | |
| | | Address | |
| | Oı | lando, Florida 32818 | |
| | | ty/ State and Zip Code | |
| | Lac | reole@comcast.net sed for future annual report | enatification) |
| | E-man address. (to be th | sed for future annual report | nouncauon |
| For further information | n concerning this matter, plea | se call: | |
| | Same As Above | at (<u>407</u> |) 822-3717 |
| Name o | of Contact Person | Area Co | de & Daytime Telephone Number |
| Enclosed is a check for | r the following amount made | payable to the Florida Dep | artment 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) |
| Mail | ing Address | Street | Address |

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

| DIL ST | |
|---------|--|
| 11/10/2 | 60000000000000000000000000000000000000 |
| ~ | MA ON TON |
| | O.S. Ox |

| Immediate Health Care C | Centers Inc. |
|---|--|
| (Name of Corporation as currently filed with the | Florida Dept. of State) |
| P01000088734 | |
| (Document Number of Corporation | (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, amendment(s) to its Articles of Incorporation: | this Florida Profit Corporation adopts the following |
| A. If amending name, enter the new name of the corporation: | |
| Same As Above | |
| The new name must be distinguishable and contain the word "corpabbreviation "Corp.," "Inc.," or Co.," or the designation "Corp name must contain the word "chartered," "professional association | ," "Inc," or "Co". A professional corporation |
| B. Enter new principal office address, if applicable: | (Same) 6388 Silver Star Road |
| (Principal office address <u>MUST BE A STREET ADDRESS</u>) | Orlando Florida 32818 |
| | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | P.O Box 680684 |
| | Orlando Florida 32818 |
| D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address Name of New Registered Agent: Same | |
| N/A | tree! address) |
| , | , |
| New Registered Office Address: N/A (City | , Florida (Zip Code) |
| New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar | |
| | A |
| Signature of New Registered | Ageni, ij changing |

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)

| Title(s) | , | Name | | Address |
|----------------|-------------------|------------------------------------|--------------|--|
| 1) <u>Pres</u> | | Michel F. Jacques | _ ; | 1825 S. Ocean Dr. #508 Hallandale Florida 33009 |
| 2) <u>V.P</u> | | Yves Gabriel Jacques | | 3100 Palm Trace Drive #216 Davie Florida 33314 |
| 3) | | | | |
| 4) | | | | |
| 5) | | | <u> </u> | |
| 6 | | | | |
| If REMOVING | <u> an office</u> | r and/or director, please list the | title(s) and | name of the officer/director to be removed: |
| Title(s) | <u>Name</u> | | Title(s) | <u>Name</u> |
| 1) | N/A | | 4) | N/A |
| 2) | N/A | | 5) | <u>N/A</u> |
| 2) | NI/A | | • | N1/A |

| . <u>If amending or addin</u> (a <i>ttach additional sheet</i> Jone | | |
|---|---------------------------------------|--------------|
| | | , |
| | | |
| | | |
| | | |
| , , <u>, ,</u> | | |
| | · · · · · · · · · · · · · · · · · · · | |
| | | |
| | | |
| | - | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | =- v |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | ·········· |
| | | |
| | | |
| / | | |
| /, | | |
| | | |
| | | |
| | | |
| | | |
| / | | |
| • | | |

| S. If an amendn | nent provides for an exchange, reclassification, or cancellation of issued shares, |
|-------------------------------|---|
| provisions for | r implementing the amendment if not contained in the amendment itself: |
| (if not app | licable, indicate N/A) |
| lichel F. Jacques | 50% |
| ves G. Jacques 5 | 0% |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| ne date of each : | amendment(s) adoption: November 01, 2011 |
| ic date of cacif | amendment(s) adoption. |
| fective date <u>if a</u> | pplicable: Immediately November 14, 2011 |
| . | (no more than 90 days after amendment file date) |
| £4}6 A | (CHECK ONE) |
| doption of Ame | ndment(s) (CHECK ONE) |
| | t(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) lders was/were sufficient for approval. |
| | t(s) was/were approved by the shareholders through voting groups. The following statement stely provided for each voting group entitled to vote separately on the amendment(s): |
| "The num | ber of votes cast for the amendment(s) was/were sufficient for approval |
| by | N/A |
| <u>.</u> | (voting group) |
| The amendmen action was not r | t(s) was/were adopted by the board of directors without shareholder action and shareholder required. |
| The amendmen action was not r | t(s) was/were adopted by the incorporators without shareholder action and shareholder required. |
| I | Dated November 14, 2011 |
| , | 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) |
| | Michel F Jacques |
| | (Typed or printed name of person signing) |