P01000112247

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
, , , , , , , , , , , , , , , , , , ,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600300837566

06/30/17--01003--013 **35.00

WILLIAM BENDER BENDER 29

JUL 0 8 2017 MICNIAIR

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Workers Healt	h Solutions, Inc.
DOCUMENT NUMBER: P01000112247	
The enclosed Articles of Amendment and fee ar	re submitted for filing.
Please return all correspondence concerning this	matter to the following:
Leon Levy	
	Name of Contact Person
PO Box 6787	Firm/ Company
Brandon, Florida 33508	Address
	City/ State and Zip Code
Leon.Levy@ezcompcare.com	
E-ma I address: (to b	c used for future annual report notification)
For further information concerning this matter, p	lease call:
Andrew Hoek	at (813) 251-270)
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount ma	de payable to the Florida Department of State:
■ \$35 Filing Fee	
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

1911 JUH 30 M 9: 21

Articles of Amendment to Articles of Incorporation of



Workers Health Solutions, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P01000112247 (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: EZ Health Care, Inc. 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," "professiona, 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: Andrew K. Hoek, Esq. Name of New Registeres' Agent 607 W. Bay Street (Florida street address) Tampa New Registered Office Address: , Florida (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment es 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 Silly Smith, SV as an Add.

Example: X Change	<u> PT</u>	John Doe	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3.) Change	 -		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)			
		·· ·		
	-			
			 	<u> </u>
		-		
				<u>.</u>
				
				
an amendment provides for an exch	ange replaceification	en one collection of it.		
orovisions for implementing the amen (if not applicable, indicate N/A)	idment if not contained	l in the amendment	itself:	
				
				
				
				
				

The date of each amendment(s) adoption:	, if other than th
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this dat document's effective date on the Department of State's records.	e will not be listed as the
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):	T.
"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.	
June 29, 2017	
Dated	
SignatureStay Q /2	
(By, 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)	
Stacey Whidden	
(Typed or printed name of person signing)	
Stacey Whidden , President	
(Title of person signing)	 -