

P01000115721

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

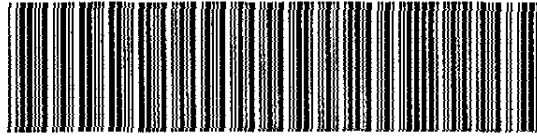
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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02/25/04--01062--004 \*\*43.75

FILED  
04 MAR 22 AM 11:21  
TALLAHASSEE, FLORIDA

Amend/NO  
MAD 3/23

**TRANSMITTAL LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: Articles of Amendment

DOCUMENT NUMBER: N/A

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

Please return all correspondence concerning this matter to the following:

Mark Bird  
(Name of Person)

Personal Healthcare Consultants, Inc.  
(Name of Firm/ Company)

8374 Market St. # 458  
(Address)

Bradenton, FL 34202  
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Mark Bird at (941) 371-8875  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$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  
409 E. Gaines Street  
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

March 3, 2004

MARK BIRD  
PERSONAL HEALTHCARE CONSULTANTS, INC.  
8374 MARKET ST., #458  
BRADENTON, FL 34202

SUBJECT: SILVER MOON PROPERTIES, INC.  
Ref. Number: P01000115721

We have received your document for SILVER MOON PROPERTIES, INC. and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6882.

Maryanne Dickey  
Document Specialist

Letter Number: 804A00014269



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

March 16, 2004

MARK BIRD  
PERSONAL HEALTHCARE CONSULTANTS, INC.  
8374 MARKET ST., #458  
BRADENTON, FL 34202

SUBJECT: SILVER MOON PROPERTIES, INC.  
Ref. Number: P01000115721

Please accept our apology for failing to mention this in our previous letter.

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6882.

Maryanne Dickey  
Document Specialist

Letter Number: 904A00017407

Articles of Amendment  
to  
Articles of Incorporation  
of

Silver Moon Properties, Inc.  
(Name of corporation as currently filed with the Florida Dept. of State)

PO 1000115721  
(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:

**NEW CORPORATE NAME (if changing):**

Personal Healthcare Consultants, Inc.  
(must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")

**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

Registered Agent change. See  
attached letter.

04 MAR 22 AM 11:21  
STATE  
TALLAHASSEE  
FLORIDA

FILED

(Attach additional pages if necessary)

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

(continued)

**Mark Bird**

4405 Chimney Creek Drive  
Sarasota, FL 34235

March 19, 2004

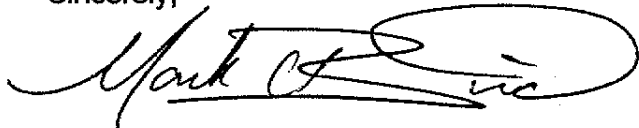
Florida Department of State  
Division of Corporations  
Amendment Section  
409 E. Gaines Street  
Tallahassee, FL 32399

RE: Silver Moon Properties, Inc.  
Ref Number P01000115721

Dear Maryanne Dickey:

I am hereby familiar with and accept the duties and responsibilities as registered agent for Personal Healthcare Consultants, Inc. f/k/a Silver Moon Properties, Inc. My local Florida address is 4405 Chimney Creek Drive, Sarasota, FL 34235.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark Bird", enclosed within a large, loopy oval shape.

Mark Bird

The date of each amendment(s) adoption: 2/13/04

Effective date if applicable: 2/16/04  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

☒ The amendment(s) was/were approved 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):*

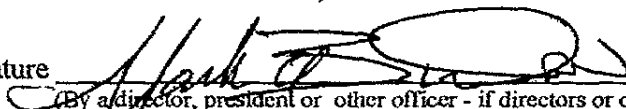
"The number of votes cast for the amendment(s) was/were sufficient for approval by \_\_\_\_\_"  
(voting group)

☐ 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.

Signed this 18 day of February, 2004.

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)

Mark C. Bird RN

(Typed or printed name of person signing)

President

(Title of person signing)

**FILING FEE: \$35**