PO20000 26947

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
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COVER LETTER

TO: Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: VHC5 Holdings, Fac. DOCUMENT NUMBER: Po200026947 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following:
Name of Contact Person Holeman Prop Inc First/Company 2101 S. Waverly Place Suite (04) Address Melbourne Flori La Pasul City/ State and Zip Code Kathy Pholemanage of Com E-mail address! (to be used for future annual report notification)
For further information concerning this matter, please call:
Ks Hy Holems at (321) 268-2882 Name of Contact Person Area Code & Daytime Telephone Number
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:
S\$5 Filing Fee Status S\$2.50 Filing Fee Status Certificate of Status (Additional copy is enclosed) S\$2.50 Filing Fee Status Certified Copy (Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment

to

Articles of Incorporation

of

to

VHCI Holdings Fre	-	
(Name of Corporation as currently	filed with the Florida Dept. of State)
PO200026947		
	Corporation (if known)	
Pursuant to the provisions of section $607,1006$, Florida Statutes, this F its Articles of Incorporation:	Florida Profit Corporation adopts the f	ollowing amendment(s)
A. If amending name, enter the new name of the corporation:		
N / A		The new
name must be distinguishable and contain the word "corporation," "co" Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the ahl professional corporation name must	previation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	SECRETARIA
D. If amending the registered agent and/or registered office addr-	ess in Florida, enter the name of the	7-9 Air
new registered agent and/or the new registered office address:		
Name of New Registered Agem	'/ A	
(Florida stre	et address)	1: 12
111		
New Registered Office Address:	. Florida Florida	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w Signature of New Re	ith and accept the obligations of the polyterial states of the polyteri	osition.
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.	

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)

Example:

Please note the officer/director title by the first letter of the office title:

 $P = President; V \cap Vice President; T = Treasurer; S \cap Secretary; D \vdash Director; TR \cap Trustee; C \vdash Chairman or Clerk; CEO = Chief Executive Officer; CFO + Chief Financial Officer. If an officer director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD$

Changes should be noted in the following manner. Currently John Doc 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.

X Change	<u>PT J</u>	ohn Doe			
X Remove	<u>V</u> <u> </u>	Mike Jones			
<u>X</u> Add	<u>8V</u> <u>8</u>	Sally Smith			
Type of Action (Check One)	Title	<u>Name</u>		<u>Addres</u> s	
1) Change		Vaughn	D. Holeman	2101 5.	Waverly Pi
Add				Svite 100	
Remove				Melb. M	· 12501
2) Change					
Add					APR
Remove 3) Change					<u> </u>
Add					AMII:
Remove					
4) Change					
Add					·
Remove				-	
5) Change					
Add					
Remove					
6) Change					
Add					<u> </u>
Remove					

E. <u>If amending or adding additional Articles, enter change(s) here:</u> (Attack additional sheets, if necessary). (Be specific)	
(Attach adamonal sheets, if necessary).— (he specific)	
n/l	
	Acc N
	SEG
	APR AHA
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	-9 -9
provisions for implementing the amendment if not contained in the amendment itself;	،حق ہے۔ ریارے عص
(if not applicable, indicate N/A)	AH II
	<u> 22 </u>
///	10
	-

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this date will be partment of State's records.	ill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder action ar	nd shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
must be separately provided for the number of votes cat by	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s): st for the amendment(s) was/were sufficient for approval (voting group) director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	2821 APR -9 AMIT: 12 SEURCTARY OF STATE AMASSEE FLORIO/
	(Typed'ar printed name of person signing) President (Title of person signing)	