## P02000037465

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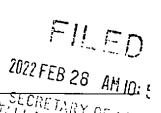
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORP	Medi-Plans Netwo	ork Inc	
DOCUMENT NU	1902000027465 MBER:		
The enclosed Article	es of Amendment and fee are su	bmitted for filing.	
Please return all cor	respondence concerning this ma	atter to the following:	
	Jennifer R. Mauk		
		Name of Contact Person	1
	Medi-Plans Network Inc		
	15321 S Dixie Hwy	Firm/ Company	
		Address	
	Miami, Fl 33157		
		City/ State and Zip Cod	e
	Mediplansnetwork@gmail.co	om	
	E-mail address: (to be us	sed for future annual report	notification)
For further informat	ion concerning this matter, plea	se call:	
Jennifer R. Mauk		208 at (	724-4487 )
Name of Contact Person		Area Code & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Depa	nrtment 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)
Mailing Address			Address
	mendment Section	Amendment Section	
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314			V. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of



Kelley and Rowan Inc II

(Name of Corporation as of P020000)27465	currently filed with the Florida Dept. of State) SECRETARY OF STA
(Document N	Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statuits Articles of Incorporation:	utes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpora	ation:
	The new
name must be distinguishable and contain the word "corpora "Inc.," or Co.," or the designation "Corp," "Inc," or " "chartered," "professional association," or the abbreviation	ation," "company," or "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name must contain the word on "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	<u>s</u> )
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office:	
Name of New Registered Agent	
4.7	Florida street address)
·	
New Registered Office Address;	, Florida
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	d Agent: amiliar with and accept the obligations of the position.
Signature of	of New Registered Agent, if changing

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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)

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.

X Change	<u>PT</u>	John Doc		
X Remove	<u>V</u>	Mike Jones		
<u>X</u> Add	<u>\$V</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
X Change	P	Jennifer R. Mauk	15321 S Dixie Hwy	
Add			Miami, Fl 33157	
Remove				
x Change	V	Denis Rowan	15321 8 Dixie Hwy	
Add			Miami, Fl 33157	
Remove 3) Change				
Add				
Remove				
4) Clunge			-	
Add				•
Remove				_
5) Change			<u> </u>	
Add			<del> </del>	
Remove				
6) Change			<del></del>	
Add				
Remove				

	(Be specific)	
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rovisions for implementing the ame	hange, reclassification, or cancellation of issued endment if not contained in the amendment itse	<u>snares,</u> <u>lf:</u>
an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued endment if not contained in the amendment itse	lf:
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2/22/22 \_\_\_\_\_, if other than the The date of each amendment(s) adoption: 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 block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) ☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. ■ 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): "The number of votes cast for the amendment(s) was/were sufficient for approval

2/22/22

Signature

Dated

(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)

Denis Rowan

(voting group)

(Typed or printed name of person signing)

President

(Title of person signing)