

01/24/2013 02:32

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COR AMND/RESTATE/CORRECT OR O/D RESIGN
MEDINURSING PROFESSIONAL INC.

| | |
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DOF
3/14/13

01/24/2031 02:32
Mar. 14. 2013 10:35AM

H130000028728

#5683 P. 002/005
No. 6808 P. 2

Articles of Amendment
to
Articles of Incorporation
of

FILED

2013 MAR 14 PM 2:32

MEDINURSING PROFESSIONAL INC. OFFICE OF STATE
TALLAHASSEE, FLORIDA

(Name of Corporation as currently filed with the Florida Dept. of State)

P02000028728

(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:

EXERVICE, INC

The new 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," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

1298 WEST 76 STREET
HIALEAH, FL 33014

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

1298 WEST 76 STREET
HIALEAH, FL 33014

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:

Name of New Registered Agent

MARTHA PEREZ

1298 WEST 76 STREET

(Florida street address)

New Registered Office Address:

HIALEAH

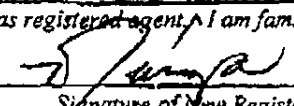
(City)

Florida 33014

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.


Signature of New Registered Agent, if changing

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H13000000253

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.

Example:

X Change PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

| Type of Action (Check One) | Title | Name | Address |
|--|---------------|-----------------------|----------------------------|
| 1) <input type="checkbox"/> Change | <u>PR</u> | <u>LEOPOLDO PEREZ</u> | <u>1298 WEST 76 STREET</u> |
| <input type="checkbox"/> Add | | | <u>HIALEAH, FL 33014</u> |
| <input checked="" type="checkbox"/> Remove | | | |
| 2) <input type="checkbox"/> Change | <u>VIC-PR</u> | <u>MARTHA PEREZ</u> | <u>1298 WEST 76 STREET</u> |
| <input type="checkbox"/> Add | | | <u>HIALEAH, FL 33014</u> |
| <input checked="" type="checkbox"/> Remove | | | |
| 3) <input type="checkbox"/> Change | <u>PR</u> | <u>MARTHA PEREZ</u> | <u>1298 WEST 76 STREET</u> |
| <input checked="" type="checkbox"/> Add | | | <u>HIALEAH, FL 33014</u> |
| <input type="checkbox"/> Remove | | | |
| 4) <input type="checkbox"/> Change | <u>VIC-PR</u> | <u>LEOPOLDO PEREZ</u> | <u>1298 WEST 76 STREET</u> |
| <input checked="" type="checkbox"/> Add | | | <u>HIALEAH, FL 33014</u> |
| <input type="checkbox"/> Remove | | | |
| 5) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 6) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |

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E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

Handwritten diagonal line across the section.

F. If an amendment provides for an 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)

Handwritten diagonal line across the section.

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No. 6808 P. 5

H13000030251

The date of each amendment(s) adoption: MARCH 14, 2013

Effective date if applicable: _____

(no more than 90 days after amendment file date)

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):

"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.

Dated MARCH 14, 2013

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)

MARTHA PEREZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

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