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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	TION: RB Fisher	Holding Corp		-
DOCUMENT NUMBER		•		_
The enclosed Articles of A	Imendment and fee are su	bmitted for filing.		
Please return all correspor	dence concerning this ma	tter to the following:		
	Jesse M	alin Name of Contact Person	1	
	Avail Hom	le Care	•	
	1 (101)	Firm/ Company		
	300 at b	tvenue N Su	He 210	
	Safety Hark	or FL 3469	5	
)	City/ State and Zip Cod	e	
	jesse 🙉 avai	Thomecare.com		~
		sed for future annual report	notification)	
For further information co	neerning this matter, pleas	se call:		
Jessc	Malin	at (646	, 207 3359	
Name of C	ontact Person	Area Co	de & Daytime Telephone Nu	mber
Enclosed is a check for the	e following amount made	payable to the Florida Depa	artment of State:	
□ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	Address		Address	
Amendment Section Division of Corporations		Amendment Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

11.

RB Fisher Holding Corp	
	filed with the Florida Dept. of State)
PØ2 PØ9 Ø5 Ø9 49	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
Avail Health Corp	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 abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, if applicable:	200 9th Avenue N Suite 210
(Principal office address MUST BE A STREET ADDRESS)	Safety Harbor, Fl 34695
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: new registered agent and/or the new registered office address:	Tampa, FL 33606 ress in Florida, enter the name of the nla
Name of New Registered Agent Jesse Halir	
	:::::::::::::::::::::::::::::::::::::
(Florida stree	n address)
New Registered Office Address:	, So, Florida
(9	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.
n a Signature of New Res	
Signature of New Reg	gistered Agent, if changing
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c)	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)

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: XChange	PT Jo	hn Doe	
X Remove	<u>v</u> <u>M</u>	ike Jones	
<u>X</u> Add	<u>SV</u> <u>Sa</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	_PD_	Jesse Malin	2802 W Price Avenue
Add			Tampa, FL 33611
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove		•	
4) Change			
Add			63
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

The only change here is to the address

tach additional sheets, if necessary). (Be specific)		
	 	
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	.	 .
		
an amendment provides for an exchange, reclassification, or cancellation of issued shares,		
rovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	9	
(If not appricame, marcae tora)	(
		
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The date of each amendment(s) adoption:	n a Asi	4P- cural	die	, if other than the
date this document was signed. Effective date if applicable:	ala Asi	IP cucen	dale	
interite date in applicable.		days after amendr	nent file date)	
Note: If the date inserted in this block does n document's effective date on the Department of		ble statutory filing	g requirements, th	is date will not be listed as the
Adoption of Amendment(s) (CH	IECK ONE)			
The amendment(s) was/were adopted by the action was not required.	incorporators, or be	oard of directors w	rithout shareholder	action and shareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		number of votes co	ast for the amendn	nent(s)
☐ The amendment(s) was/were approved by th must be separately provided for each voting				
"The number of votes cast for the amer	ndment(s) was/were	sufficient for app	oroval	
by			 .	
(vot	ing group)			
Dated	024 W/10			
Signature(By a director, pres				
selected, by an inco appointed fiduciary		hands of a receive	r, trustee, or other	court
	Jesse 1	Malin		
	(Typed or printed n	ame of person sign	ning)	. <u>بي</u>
	(Title of person sign	- CE0		
	(Title of person sign	ning)		57.21