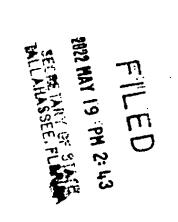
## P02000067C44

Office Use Only



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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: VITAL HEALTH	SERVICES, INC.				
DOCUMENT NUMB	ER: P02000067044					
	of Amendment and fee are su	bmitted for filing.				
Please return all corres	pondence concerning this ma	tter to the following:				
		VICKY B. PUNZALA	AN .			
-	Name of Contact Person					
	HOME HEALTH AGENCY					
-	Firm/ Company					
	5787-A NW 151st STREET					
-	Address					
	MIAMI LAKES, FL 33014					
-		City/ State and Zip Code	e			
		vitalhealth1@bellsouth.a	net			
•	E-mail address: (to be us	sed for future annual report	notification)			
For further information	concerning this matter, plea	se call:				
VICKY B. PUNZALAN		at (305	) 817-8799 de & Daytime Telephone Number			
Name o	f Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:			
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address			Address			
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** Articles of Incorporation of

VITAL HEALTH SERVICES, INC.	
(Name of Corporation as current)	y filed with the Florida Dept. of State)
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	<b>T</b> 1
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", z "chartered," "professional association," or the abbreviation "P.A."	A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON)	TILLAHASSET, F
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida str	ect address)
New Registered Office Address:	, Florida(City) /Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar v	
Signature of New Re	egistered Agent, if changing

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 = 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 Doe	
X Remove	$\underline{V}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	NINA R. SANTOS	9571 BELAIRE DRIVE
Add			MIRAMAR, FL 33025
X Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change		_	
Add			S) 43
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)			
VICKY B. PUNZALAN - 100% OWNER			
			_
			_
			_
	<del></del>		
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	FS	PH 2:	D
	in F	<b>L</b> 3	
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)			
<del></del>			
· · · · · · · · · · · · · · · · · · ·			

The date of each amendment(s) ad-	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date	)
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirement partment of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
★ The amendment(s) was/were adopted action was not required.  **The amendment(s) was/were adopted action was/were adopted action was not required.  **The amendment(s) was/were adopted action was/were adopted action was not required.  **The ame	oted by the incorporators, or board of directors without sharch	older action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes east for the am	
must be separately provided for e	roved by the shareholders through voting groups. The following ach voting group entitled to vote separately on the amendment	
by Will by	or the amendment(s) was/were sufficient for approval  (v)ting group)	PA 2: 13
selected,	rector, president or other officer – if directors or officers have by an incorporature – if in the hands of a receiver, trustee, or officery by that fiduciary)	not been
_	(Typed or printed name of person signing)	
-	PRESIDENT (Title of person signing)	

, :