P0300002514/

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

TO: Amendment Section **Division of Corporations**

Tallahassee, FL 32314

NAME OF CORI	PORATION:	MedSol, Inc.	····
DOCUMENT NU	JMBER:	PO 30000 2514	4/
The enclosed Artic	cles of Amendment and fee a	re submitted for filing.	
Please return all co	prrespondence concerning thi	s matter to the following:	
		Lynn Glass	
	N	ame of Contact Person	
	MedSol, Inc.		
	Firm/ Company		
	1820 Commodore Point Drive		
	Address		
	Orange Park, FL 32003		
	City/ State and Zip Code		
_	Iglas E-mail address: (to be used	s@pssd.com I for future annual report notification)	
For further informa	ation concerning this matter,	please call:	
	Lynn Glass	at (904)5	534-1570
Name	of Contact Person	Area Code & Daytime Te	elephone Number
Enclosed is a check	k for the following amount m	ade payable to the Florida Depar	rtment 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 Ac Amendmen Division of P.O. Box 6	st Section Corporations	Street Address Amendment Section Division of Corporations Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 28, 2011

LYNN GLASS MEDSOL, INC. 1820 COMMODORE POINT DRIVE ORANGE PARK, FL 32003

SUBJECT: MEDSOL, INC. Ref. Number: P03000025141

We have received your document for MEDSOL, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

The date of adoption/authorization of this document must be a date on or prior to submitting the document to this office, and this date must be specifically stated in the document. If you wish to have a future effective date, you must include the date of adoption/authorization and the effective date. The date of adoption/authorization is the date the document was approved.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton Regulatory Specialist II

ġ

Letter Number: 411A00010400

Articles of Amendment to Articles of Incorporation of

MedSol, Inc.		
(Name of Corporation as currently filed with the Florida Dept. of State)		
P03000025141		

(Document Number of Corpor	ration (if known)	
Pursuant to the provisions of section 607.1006, Florida Sta amendment(s) to its Articles of Incorporation:	tutes, this Florida Profit Corporation ad	opts the follow
A. If amending name, enter the new name of the corporat	tion:	
Virtual Consulting,	Inc.	The new
name must be distinguishable and contain the word "co abbreviation "Corp.," "Inc.," or Co.," or the designation ' name must contain the word "chartered," "professional asso	"Corp," "Inc," or "Co". A professional	ted" or the corporation
B. Enter new principal office address, if applicable:	1820 Commodore Point Drive	_ = 😤
(Principal office address <u>MUST BE A STREET ADDRESS</u>	Orange Park, FL	SIDS OF O
	32003	900 Stocker 18 27 PM 3: 24
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1820 Commodore Point Drive	
	Orange Park, FL 32003	_
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office a Name of New Registered Agent:		<u>the</u>
New Registered Office Address: (Flo	orida street address)	
(Cit	y) (Zip Code)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	Agent:	he position.
Signature of No	ew Registered Agent, if changing	

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
	additional sheets, if necessary). (Be spe		
F. If an a	mendment provides for an exchange, r	aclassification or cancallati	on of issued charac
provis	ions for implementing the amendment not applicable, indicate N/A)		

The date of each amendmen	t(s) adoption:	/1/2011
Effective date <u>if applicable</u> :	5/1/2011	(date of adoption is required)
Effective date is applicable.	(no more than	90 days after amendment file date)
		•
Adoption of Amendment(s)	Œ	HECK ONE)
The amendment(s) was/we by the shareholders was/w		ne shareholders. The number of votes cast for the amendment(s) r approval.
		the shareholders through voting groups. The following statement g group entitled to vote separately on the amendment(s):
"The number of votes	cast for the ame	endment(s) was/were sufficient for approval
by		"
·	(voting group)	
The amendment(s) was/we action was not required.	ere adopted by th	ne board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by th	ne incorporators without shareholder action and shareholder
Dated_4/21	/2011	
Signature _		Lym R Man
sel	ected, by an inco	ordent or other officer – if directors or officers have not been orporator – if in the hands of a receiver, trustee, or other court by that fiduciary)
		Lynn R. Glass
	(T	'yped or printed name of person signing)
		Director
	(Title	of person signing)