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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



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Amend Hayof

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT:	SANTE MEDIC	AL SERVICES, INC
DOCUMENT NUM	MBER:P030	00043518
The enclosed Article	es of Amendment and	d fee are submitted for filing.
Please return all cor	respondence concern	ing this matter to the following:
	K	YLE SELLERS
		(Name of Person)
		MEDICAL SERVICES, INC
	((Name of Firm/ Company)
	17150	COLLINS AVE. SUITE 101-323
		(Address)
 	······································	ISLES BEACH, FL 33160
For further informat	on concerning this n	City/ State/ and Zip Code)
roi futurei informat	iod concerning this if	latter, please carr:
MARK PUZIS	OT SERVICE SER	at (_786)_443-3773
	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check	for the following amo	ount:
□ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	
Mailing Add Amendment Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

February 12, 2004

KYLE SELLERS SANTE MEDICAL SERVICES, INC. 17150 COLLINS AVE., SUITE 101-323 SUNNY ISLES BEACH, FL 33160

SUBJECT: SANTE MEDICAL SERVICES, INC.

Ref. Number: P03000043518

We have received your document for SANTE MEDICAL SERVICES, INC. and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Document need officer signature.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

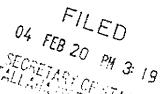
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6905.

Letter Number: 704A00009604

Thelma Lewis
Document Specialist Supervisor

Articles of Amendment Articles of Incorporation of



SANTE MEDICAL SERVICES, INC	
(Name of corporation as currently filed with the Florida Dept. of State)	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
P03000043518	 .
(Document number of corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Co</i> adopts the following amendment(s) to its Articles of Incorporation:	orporation
NEW CORPORATE NAME (if changing):	
(must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc	e.," or "Co.")
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)	e Number(s)
DELETE MARK PUZIS AS PRESIDENT, DIRECTOR.	
ADD KYLE SELLERS AS PRESIDENT, DIRECTOR (17150 COLLINS AVE, # 101-323,	s
SUNNY ISLES BEACH, FL 33160).	-
CHANGE REGISTERED AGENT FOR CORPORATION FROM SHAPIRO IRA TO KYLE SE	LLERS
(17150 COLLINS AVE, SUITE 101-323, FL 33160).	
(Attach additional pages if necessary)	
If an amendment provides for exchange, reclassification, or cancellation of issued shar for implementing the amendment if not contained in the amendment itself: (if not applicate	
N/A	
(continued)	

The date of each amendment(s) adoption: 02/02/2004
Effective date if applicable:
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were approved 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.
Signed this day of _FEBRUARY 2004
(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)
MARK PUZIS
(Typed or printed name of person signing)
PRESIDENT, DIRECTOR
(Title of person signing)

, . . t - t

FILING FEE: \$35

The name of corporation: SANTE MEDICAL SERVICES, INC
To Whom It May Concern:
I hereby acknowledge that I am familiar with and accept the duties and responsibilities as register agent for said corporation.
Best regards,
Kyle Sellers
Signature Jule Sellen