Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : JECK, HARRIS, RAYNOR & JONES, P.A.

Account Number : I20000000210 Phone : (561)746-1002 Fax Number : (561)775-0270

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: SZALOOM DTHRJPA.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN MEDICAL INFRASTRUCTURE, INC.

| Certificate of Status | 0 |
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Help

Articles of Amendment to Articles of Incorporation

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| of | 2 · · · -2 7.1:10 |
|---|--|
| MEDICAL INFRASTRUCTURE, INC. | 1 |
| (Name of Corporation as currently filed v | vith the Florida Dept. of State) |
| P03000099570 | |
| (Document Number of Corpor | ration (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> its Articles of Incorporation: | Profit Corporation adopts the following amendment(s) |
| A. If amending name, enter the new name of the corporation: | |
| | The new |
| name must be distinguishable and contain the word "corporation," "company "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A profes "chartered," "professional association," or the abbreviation "P.A." | y," or "incorporated" or the abbreviation "Corp.," |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | |
| 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 in a new registered agent and/or the new registered office address: | Fiorida, enter the nume of the |
| Name of New Registered Agent | |
| (Florida street addr | use) |
| (Floring areer and | , |
| New Registered Office Address: (City) | , Flurida (Zip Code) |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and | d accept the obligations of the position. |
| Signature of New Registers | ed Agent, if changing |
| Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S | · |

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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 = ChiefExecutive 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 | <u>PT</u> | John Doe | |
|-------------------------------|--------------|----------------|---|
| X Remove | v | Mike Jones | |
| <u>X</u> Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check Onc) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| I)Change | P | MARK FREEMAN | 3795 BOYNTON BLACH BLVD. |
| Add | | | BOYNTON BEACH, FL 33436 |
| x Remove | | | |
| 2) Change | PST | TAMSIN FREEMAN | 3795 BOYNTON BEACH BLVD. |
| X Add | | | BOYNTON BEACH, FL 33436 |
| Remove 3) Change | | <u> </u> | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | 1.0000000000000000000000000000000000000 |
| б) Change | | | |
| ^dd | | | |
| Remove | | | |
| | | | |

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| Mach additional sheets, if necessary). | ticles, enter change(s . (Be specific) | - | | | |
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| f an amendment provides for an ex | change, reclassificati | on, or cancellation | on of issued share: | i. | |
| provisions for implementing the an | nendment if not cont | sined in the ame | idment itself: | - | |
| (if not applicable, indicate N/A) | | | | | |
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1 1 >> 850-617-6381

| | September 25, 2020 | |
|---|--|-------------------------------|
| The date of each amendment(s) date this document was signed. | adoption: | , if other than th |
| Effective date if applicable: | | |
| _ | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this document's effective date on the I | block does not meet the applicable statutory filing requirements, this Department of State's records. | date will not be listed as th |
| Adoption of Amendment(s) | (CHECK ONE) | |
| ☐ The amendment(s) was/were a action was not required. | dopted by the incorporators, or board of directors without shareholder ac | tion and shareholder |
| The amendment(s) was/were a by the shareholders was/were | lopted by the shareholders. The number of votes east for the amendment sufficient for approval. | au(s) |
| | oproved by the shareholders through voting groups. The following state is each voting group entitled to vote separately on the amendment(s): | ment |
| "The number of votes ca | st for the amendment(s) was/were sufficient for approval | |
| by | | |
| | (voting group) | |
| Septembe Dated | er 25, 2020. | |
| Signature | augu tteman | |
| (By a | director, president or other officer - if directors or officers have not bee | |
| | ed, by an incorporator – if in the hands of a receiver, trustee, or other conted fiduciary by that fiduciary) | ourt |
| арро | • • | |
| | TAMSIN FREEMAN | _ |
| | (Typed or printed name of person signing) | |
| | Personal Representative of the Estate of Mark Freeman (Incorporator |) |
| | (Title of person vigning) | <u> </u> |