## POH000038141

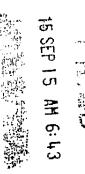
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## **COVER LETTER**

TO: Amendment Sec Division of Corp				
NAME OF CORPO	PATION. Diagnostic Health	Solutions Inc		
DOCUMENT NUM	79	HDDDD38	141	
	of Amendment and fee are su	ibmitted for filing.		
	espondence concerning this ma	_		المارية المارية المارية المارية المارية المارية المارية المارية
	CAITLYN JOHNSON			
		Name of Contact Perso	n	
	Diagnostic Health Solutions	lnc		
		Firm/ Company		
	3440 hollywood blvd suite 4	15		
		Address		
	3440 hollywood blvd suite 4	15 Hollywood FL 33021		
	The state of the s	City/ State and Zip Cod	e	
For further information	E-mail address: (to be use on concerning this matter, please	sed for future annual report se call:	notification)	-
Caitlyn Johnson		at ( <sup>678</sup>	4081522	
Name of Contact Person			de & Daytime Telephone Nu	ımber
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment 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)	
Am Div P.C	iling Address endment Section rision of Corporations D. Box 6327 lahassee, FL 32314	Ameno Divisio Cliftor 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301	

## Articles of Amendment to Articles of Incorporation of

Diagnostic Health Solutions Inc			in the second	٠.	
(Name of Corpor	ation as currently	filed with the Florida Dept. of St	ate)	3	
Pt	DHDDDT	38141		ت نن	
(Doc	cument Number of C	Corporation (if known)		<u> </u>	5
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	rida Statutes, this F	orida Profit Corporation adopts the	ne following an	nendme	nt(s) to
A. If amending name, enter the new name of the	corporation:				
			The	e new	,
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or to	orp," "Inc," or "C	o". A professional corporation n	or the abbre	viation	!
B. Enter new principal office address, if applical	ble:				
(Principal office address <u>MUST BE A STREET A</u>					
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	BOX)				
D. If amending the registered agent and/or regis new registered agent and/or the new registered		s in Florida, enter the name of th	<u>he</u>		
Name of New Registered Agent			<del></del>		
	/El: I 4				
	(Florida stree	(aaaress)			
New Registered Office Address:		, Floric		`	
	(C	'ity)	(Zip Code,	9	
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent		h and accept the obligations of the	position.		
	ignature of New Rec	sistered 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)

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	PT Joh	nn Doe	
X Remove	<u>v</u> <u>Mil</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P	TRACY B McCORD	645 CASTLE DR.
Add			PALM BEACH GARDENS
X Remove			FL, 33410
2) Change	CEO/P	Caitlyn Johnson	3440 hollywood blvd
X Add			Suite 415
Remove			Hollywood FL 33021
3) Change			***************************************
Add			
Remove			
4) Change			
Add			**************************************
Remove			and the contract of the contra
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	cles, enter change(s) here: (Be specific)
	·
f an amendment provides for an exch provisions for implementing the ame	ange, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself;
f an amendment provides for an exch provisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself:
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself:
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself:
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself:

	06/16/2015	
The date of each amendment(s)	adoption:	, if other than th
date this document was signed.		
	5/16/2015	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file o	date)
Note: If the date inserted in thi document's effective date on the	block does not meet the applicable statutory filing requirent Department of State's records.	nents, this date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the sufficient for approval.	amendment(s)
	pproved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amena	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action a	nd shareholder
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and sh	nareholder
06/16/20 Dated	15	
Signature <u></u>	director, president or other officer – if directors or officers ha	
selec	director, president or other officer – if directors or officers hated, by an incorporator – if in the hands of a receiver, trustee, inted fiduciary by that fiduciary)	
	Caitlyn Johnson	
	(Typed or printed name of person signing)	
	CEO	
	(Title of person signing)	

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