

P04000055340

(Requestor's Name)

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(Address)

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☐ PICK-UP

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(Document Number)

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05 JUN 24 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6/30
[Signature]

AGNES S. HOLLINGSHEAD, P.A.

Attorney at Law

3600 South Congress Avenue Suite K

Boynton Beach, FL 33426-8488

561-736-9966

AhollingsheadPA@aol.com

June 28, 2005

Anna Chestnut
Amendment Section
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

PERSONAL & CONFIDENTIAL

UPS Next Day Air letter

Tracking # 1Z F49 6A9 22 1000 2416

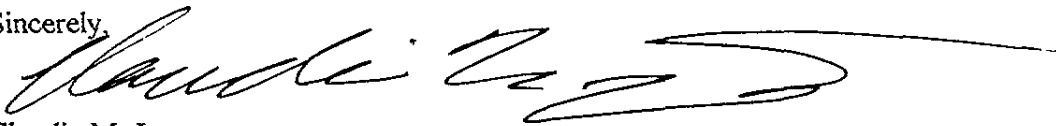
RE: Corporate name change, CarePlus Partners, Inc. to The Fitzz Company

Dear Ms. Chestnut,

As I mentioned when we spoke earlier today, enclosed is a change of name request that we sent with funds earlier this month. As it seems to have gotten lost somewhere along the line, we are sending another request with funds to cover filing and also a certified copy. Enclosed is an extra copy of the name change request, and a postage paid return envelope for this purpose.

Thank you for ensuring that this goes through as rapidly as possible for us.

Sincerely,



Claudia M. Jones

Legal Assistant for AGNES S. HOLLINGSHEAD, P.A.

Enc.: 2 copies of name change request

Postage-paid return envelope

Check # 10251 made out to Division of Corporations in amount of \$43.75

ASH/cj

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CarePlus Partners, Inc.

DOCUMENT NUMBER: P04000055340

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Agnes S. Hollingshead, Esq.

(Name of Contact Person)

Agnes S. Hollingshead, P.A.

(Firm/ Company)

3600 S. Congress Ave., Ste. K

(Address)

Boynton Beach, FL 33426

(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Agnes S. Hollingshead, Esq. 561 736 9966

(Name of Contact Person)

at ()

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$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 Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

June 29, 2005

AGNES S. HOLLINGSHEAD, ESQ.
ANGES S. HOLLINGSHEAD, P.A.
3600 S. CONGRESS AVE., STE. K
BOYNTON BEACH, FL 33426

SUBJECT: CAREPLUS PARTNERS, INC
Ref. Number: P04000055340

We have received your document for CAREPLUS PARTNERS, INC and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 505A00043825

Articles of Amendment
to
Articles of Incorporation
of
CarePlus Partners, Inc.

(Name of corporation as currently filed with the Florida Dept. of State)

P04000055340

(Document number of corporation (if known))

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

The Fitzz Group, Inc.

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted (BE SPECIFIC)

(Attach additional pages if necessary)

If an amendment provides for 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)

NA

(continued)

The date of each amendment(s) adoption: 6/9/05

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 6 day of June, 2005.

Signature Mark Osenga, President
(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 Osenga

(Typed or printed name of person signing)

President/Director

(Title of person signing)

FILING FEE: \$35

For Filing Purposes ONLY

No. of Pages: 1 inclusive

This facsimile contains confidential information, which may also be legally privileged and which is intended only for the use of the addressee(s) named below. If you are not the intended recipient of this facsimile, or the agent or employee responsible for delivering it to the intended recipient, you are hereby notified that any dissemination or copying of this facsimile may be strictly prohibited. If you have received this facsimile in error, please immediately notify us by telephone and return the original facsimile to us at the above address via the U.S. Postal Service.

AGNES S. HOLLINGSHEAD, P.A.

Attorney at Law

3600 South Congress Avenue Suite K
Boynton Beach, FL 33426-8488
561-736-9966

DATE: June 30, 2005
TO: Anna Chesnut, Division of Corporations, facsimile (850) 245-6897
FROM: Claudia Jones, Agnes S. Hollingshead, P.A., facsimile (561) 369-7887
RE: Corporate name change

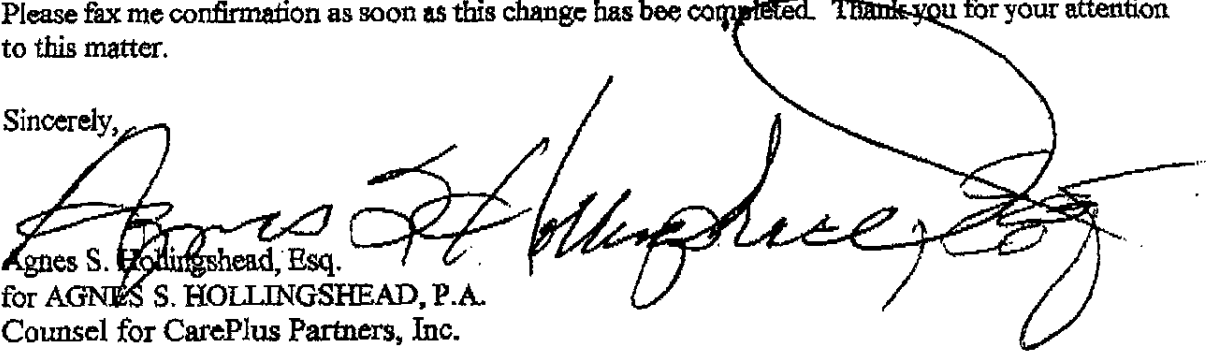
Dear Ms. Chesnut:

As counsel for CarePlus Partners, Inc., I hereby authorize you to change the name of CarePlus Partners, Inc. to the following:

The Fitzz Group, Inc.

Please fax me confirmation as soon as this change has been completed. Thank you for your attention to this matter.

Sincerely,


Agnes S. Hollingshead, Esq.
for AGNES S. HOLLINGSHEAD, P.A.
Counsel for CarePlus Partners, Inc.