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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: NIRVANA HEALTH SERVICES / AMPA
DOCUMENT NUMBER: EIN# 20-1323781
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
SOLANGE M. BENOIT (Name of Contact Person)
ABSOLUTE HEATH SERVICES, INC. (Firm/Company)
P.O. BOX 22787 (Address)
TAMPA FL 33623 (City/ State/ and Zip Code)
For further information concerning this matter, please call:
SOLANGE M. BENOIT at (8(3) 806 1196  (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee Search Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy  (Additional copy is certified Copy  enclosed)  Certified Copy  (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

Articles of Amendment	
to Articles of Incorporation	
NIRVANA HEALTH SERVICES / AMPA INC (Name of corporation as currently filed with the Florida Dept. of State)	
EIN# 20-1323781	-
(Document number of corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:	
NEW CORPORATE NAME (if changing):	
ABSOLUTE HEALTH SERVICES 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.")	
•	
<u>AMENDMENTS ADOPTED</u> - (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: ( <u>BE SPECIFIC</u> )	
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(Attach additional pages if necessary)	
If an amendment provides for exchange, reclassification, or cancellation of issued shares, provision	S
for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N	/A)

(continued)

The date of each amendment(s) adoption: 8/16/64
Effective date if applicable: N/A 91/6-69
(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 26th day of Quyust, 2004
Signature
(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)
SOLANGE M. PSENOIT
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)
(Title of person signing)  FILING FEE: \$35
FILING FEE: \$35

ATT. CK# 546.