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SECRETARY OF STATE
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORI	ORATION: _	TENNIFE	ER FORTNER'S	PREFMED	BILLING, INC.
DOCUMENT NU	мвек: <u>Р</u> О	4 00010646	f2		
The enclosed Artic	les of Amendm	ent and fee are su	bmitted for filing.		
Please return all co	rrespondence c	oncerning this ma	tter to the following:		
	JOHN	FOLSON (Name of Co	ntact Person)		
		(Firm/ C	ompany)		
17	9 W.	HIBISC (Add	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	TE Q	
_M	EL BOURNE	(City/ State a	2 10 1 nd Zip Code)		
For further informa	tion concerning	this matter, plea	se call:		
JOHN F	OLSON of Contact Person)	at (3/_)95 (Area Code & Daytir	7-0036 ne Telephone Numbe	<u>r)</u>
Enclosed is a check	c for the followi	ng amount made	payable to the Florida D	epartment of State	: :
□\$35 Filing Fee	\$43.75 Filin Certificate	ng Fee & of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Fili Certificate Certified C (Additiona is enclose	of Status Copy I Copy
Mailing Ac Amendmen Division of P.O. Box 63 Tallahassee	t Section Corporations 327		Street Address Amendment Section Division of Corporation Clifton Building 2661 Executive Center of Tallahassee, FL 32301		

Articles of Amendment to Articles of Incorporation of

JENNTFER FORT	NER'S PF	REFMED BILLING, INC.
(Name of Corporation as cu	rrently filed with t	he Florida Dept. of State)
PO4000106442		To Be of
	umber of Corporati	on (if known)
Pursuant to the provisions of section 617.100 the following amendment(s) to its Articles of		this Florida Not For Profit Corparation adopts
A. If amending name, enter the new name	of the corporation	<u>n:</u>
The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company"	contain the word	"corporation" or "incorporated" or the
B. Enter new principal office address, if a (Principal office address MUST BE A STRI	pplicable:	129 W. HIRISCUS BLVD. (SUITE Q
		MELBOURNE, FL 32901
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OF)		
D. If amending the registered agent and/o new registered agent and/or the new re		
Name of New Registered Agent:	JOHN	FOLSON
New Registered Office Address:	129 W 1 (Florid	HIBISCUS BLVD. STEQ da street address)
	MELBO	(City), Florida 3240 (Zip Code)
New Registered Agent's Signature, if chan	ging Registered A	gent:
I hereby accept the appointment as register position.	red agent. I am j	familiar with and accept the obligations of the
	John	1 Tolion
	Signature of New	Registered Agent, if changing

Page 1 of 3

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
P,T,S_	JOHN FOLSON	LA W. HIBISCUS BLY SUITE Q MEL POURNE, FL 32	Add Remove
<u> </u>	JENNIFER FORTNER	739 Ventura Drive Satellite Brach, Fl. 32937	Add Remove
			☐ Add ☐ Remove
	ding or adding additional Articles, enter dditional sheets, if necessary). (Be specif		
None			
		· · · · · · · · · · · · · · · · · · ·	
	. , , , , , , , , , , , , , , , , , , ,		
			· · · · · · · · · · · · · · · · · · ·
			
			
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JENNIFER FORTNER'S PREFMED BILLING, INC. TRANSFER OF OWNERSHIP FORM

For value received, I hereby tran	sfer to
1. JOHN FOLSO	<i>N</i>
2. 100% (all shares) of the Comr	mon Stock of Jennifer Forntner's Prefmed Billing, Inc. owned by
3. JENNIFER	FORTNER
Date 12 - 8-05	Signature of Current Owner 739 Ventura Drive
	Address

The date of each amendment(s) adopt	ion:	8/2008	3		
Effective date if applicable:		•	JF	12/09	3/2008
	e than 90 days afte	er amendm	ent file do	ite)	
Adoption of Amendment(s)	(CHECK ON	<u>(E</u>)			
The amendment(s) was/were adopted was/were sufficient for approval.	i by the members	and the nur	mber of v	otes cast for	the amendment(s)
There are no members or members of adopted by the board of directors.	entitled to vote on	the amend	ment(s).	The amendn	nent(s) was/were
Dated 2/08/	2008				
Signature	John	Tolan			
(By the chair have not been		incorporato	or – if in 1		ner officer-if director a receiver, trustee, o
	JOHN F	OLSO		olonina)	
	(Typed of prin		n person :	signing)	
	V L K L (Title of	10K f person sig	ning)	································	