P64000139502

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(Document Number)				
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	ADVANTAGE HEALTHCARE INC	

DOCUMENT NUMBER: P04000139502

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

Please return all correspondence concerning this matter to the following:

LEONID MEN

Name of Contact Person

ADVANTAGE HEALTHCARE, INC

Firm/ Company

2280 SW 70TH AVENUE, SUITE 3

Address

DAVIE, FL 33317

City/ State and Zip Code

LMEN@ADVANTAGEHEALTHCAREFL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 LEONID MEN
 at (<u>954</u>)
 9252880

 Name of Contact Person
 Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 Filing Fee

□\$43.75 Filing Fee & Certificate of Status S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

<u>Mailing Address</u> Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address</u> Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ADVANTAGE HEALTHCARE, INC

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

P04000139502

(Document Number of Corporation (if known)

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

A. If amending name, enter the new name of the corporation:

name must be distinguishable and contain the word "corporation." "company." or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>) (Mailing address <u>MAY BE A POST OFFICE BOX</u>)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

(Florida street address)

New Registered Office Address:

(City)

(Zip Coder

, Florida

The new

New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as registered agent. Tam familiar with and accept the obligations of the position.

Signature of New Registered 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.

Example:

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Example: <u>X</u> Change	<u>PT</u>	John Doe	
<u>X</u> Remove	V	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	v	JOHN VALEVICH	19390 COLLINS AVE #508
X Add			SUNNY ISLES BEACH
Remove			FLORIDA, 33160
2) Change			
Add			
Remove			
3.) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:

'(Attach additional sheets, if necessary). (Be specific)

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F. If an amendment provides for an 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)

The date of each amendment(s) adoption:	if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
Effective date <u>if applicable</u> :	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will r document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted 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. <i>The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):</i>	
"The number of votes east 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.	
12/20/2017	
Dated	
Signature	-
selected, by an incorporator $-$ if in the hands of a receiver, trustee, or other court appointed tiduciary by that fiduciary)	
JOHN GERUN	
(Typed or printed name of person signing)	
VP / SECRETARY	

. . -

(Title of person signing)