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MALLAHASSEE ELGRIG.

MAME CHANGE

SECRETARISSEE, FLORIDA

JUN 1 4 2017 D CONNELL

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: PATIENTS FIRST	raymond diehl, inc	S		
DOCUMENT NUMB			<del></del> _		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.			
Please return all corres	ondence concerning this ma	tter to the following:			
	Brian S. Webb				
-		Name of Contact Persor	1		
	Patients First				
-	· ·	Firm/ Company			
	2907 Kerry Forest Parkway				
-	Address				
	Tallahassee, FL 32309				
_		City/ State and Zip Code	e		
Brian	@patientsfirst.com				
<del></del>	-	sed for future annual report	notification)		
	·	•	,		
For further information	concerning this matter, pleas	se call:			
Brian S. Webb		at ( 850	688-3380		
Name o	f Contact Person		de & Daytime Telephone Number		
Enclosed is a check for	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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



PATIENTS FIRST RAYMOND DIEHL, INC.

(Name of Corporation a	as currently filed with the Florid	Alelon of State) of STATE
P04000145252		THOSE FLORIDA
(Document	Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida States Articles of Incorporation:	atutes, this <i>Florida Profit Corpora</i>	tion adopts the following amendment(s)
A. If amending name, enter the new name of the corpo	oration:	
PF RAYMOND DIEHL, INC.	*	The new
name must be distinguishable and contain the word " "Corp.," "Inc.," or Co.," or the designation "Corp," ' word "chartered," "professional association," or the abb	"Inc," or "Co". Asprofessional c	
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRE</u>	<u> </u>	
*	<u></u>	
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered	office address in Florida, enter th	ne name of the
new registered agent and/or the new registered offi		
Name of New Registered Agent		
The state of the s		
	(Florida street address)	
	(Fiorial sirect duaress)	
New Registered Office Address:	(Circ)	, Florida
	(City)	(7.ip Code)
N. D. C. L. A. C. L.		
New Registered Agent's Signature, if changing Registe hereby accept the appointment as registered agent. I are	erea Agent: m familiar with and accept the obli-	gations of the position.
morely accept the appointment as registered agent. I ar		,
Signatui	re of New Registered Agent, if char	nging

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: X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change				
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

If amending or adding additional Ar Attach <i>additional sheets, if necessary)</i> .	. (Be specific)
f an amendment provides for an exc provisions for implementing the ame (if not applicable, indicate N/A)	change, reclassification, or cancellation of issued shares, tendment if not contained in the amendment itself:

July 1, 2016	if ather then the
The date of each amendment(s) adoption:date this document was signed.	, if other than the
July 1, 2016 Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date widocument's effective date on the Department of State's records.	ill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
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. 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.	
JULY 1, 2016 Dated	
D · 11111	
Signature Will Wald	
(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)	
BRIAN S. WEBB	
(Typed or printed name of person signing)	<del></del>
President	

(Title of person signing)