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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	DRATION: A DIFE	ERENT COMPA	NY MEALTH SERVICE
DOCUMENT NUM	1BER: POS 000	224950	·
The enclosed Article	es of Amendment and fee ar	e submitted for filing.	
Please return all corr	respondence concerning this	s matter to the following:	
	BELEN PO	f Contact Person)	
	P + P ACC	OVNTING S n/Company)	ERVICES
	13301 SW	88 TERR (Address)	#6
	MIANI P	-L 33186 ate and Zip Code)	
For further informat	ion concerning this matter, p	olease call:	
B ELEW (Name of	PENEZ of Contact Person)	at (305) 401 - 0619 (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 Ado Amendment Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address Amendment Section Division of Corporation Clifton Building 2661 Executive Center O	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

A DIFFERENT COMPANY HEALTH SERVICES, INC. (Name of corporation as currently filed with the Florida Dept. of State)
P 0 5 0 0 0 0 7 9 4 5 5  (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:
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 "EA.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "EAC)  AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)
ARTICLE IT THE PRINCIPAL PLACE OF BUSINESS ADDRESS:
6254 SW 8 ST. #2 MIANI, FL 33144
THE MAILING ADDRESS OF THE CORPORATION IS: 6254 SW 8 ST. #2 MIAMI, FL 33144
(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)

(continued)

The date of each amendment(s) adoption: 10 6 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.
Signature  (By a executor, 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)
BETTY HERNAND & Z
PRESIDENT (Title of person signing)