

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H110001885063)))



H110001885063ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : HISPANUSA INC Account Number: 120070000099 : (954)478-2706 Fax Number : (954)934-0334

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

| Email | Address: | <b>:</b> | <br> |  |
|-------|----------|----------|------|--|
|       |          |          |      |  |

## COR AMND/RESTATE/CORRECT OR O/D RESIGN SONOGENIC ULTRASOUND INC.

Certificate of Status Û Certified Copy 0 01 Page Count \$35.00 Estimated Charge

Electronic Filing Menu

Corporate Filing Menu

Help



No. 6773 P. 3

Aug. 2. 2011 10:19AM

INSIGHT CABLE

## **COVER LETTER**

TO: Amendment Section
- Division of Corporations

| NAME OF CORPORATION:  | SONOGENIC ULTRASOUND INC.  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|
| DOCUMENT NUMBER:  | P05000080327   |  |  |  |  |  |  |  |
| The enclosed Articles of Amendment and fee are submitted for filing.      |  |  |  |  |  |  |  |  |
| Please return all correspondence concerning this matter to the following: |  |  |  |  |  |  |  |  |
|   | ELIDA B. HODGSON   |  |  |  |  |  |  |  |
|   | Name of Contact Person   |  |  |  |  |  |  |  |
| SONOGENIC ULTRASOUND INC.   |  |  |  |  |  |  |  |  |
|   | Firm/ Company  |  |  |  |  |  |  |  |
|   | 3511 NW 8TH AVENUE STE. 2  |  |  |  |  |  |  |  |
|   | Address  |  |  |  |  |  |  |  |
|   | POMPANO BEACH, FL 33064  |  |  |  |  |  |  |  |
|   | City/ State and Zip Code   |  |  |  |  |  |  |  |
|   | sonogenicultra@yahoo.com   |  |  |  |  |  |  |  |
| E-mail address: (to be used for future annual report notification)        |  |  |  |  |  |  |  |  |
| For further information concerning  | this matter, please call:  |  |  |  |  |  |  |  |
| ELIDA B. HODGS  | ON at ( 954 ) 946-8418   |  |  |  |  |  |  |  |
| Name of Contact Person  | Area Code & Daytime Telephone Number   |  |  |  |  |  |  |  |
| Enclosed is a check for the follow  | ng amount made payable to the Florida Department of State:   |  |  |  |  |  |  |  |
| ☑ \$35 Filing Fee ☐ \$43.75 Filing Certificate                            | g Fee & Status Status Certified Copy Certificate of Status  (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) |  |  |  |  |  |  |  |
| Mailing Address Amendment Section   | Street Address Amendment Section   |  |  |  |  |  |  |  |
| Division of Corporations  | Division of Corporations   |  |  |  |  |  |  |  |
| P.O. Box 6327   | Clifton Building   |  |  |  |  |  |  |  |
| Tallahassec. FL 32314   | 2661 Executive Center Circle Tallahassee, FL 32301   |  |  |  |  |  |  |  |

No. 6773 INSIGHT CABLE Aug. 2. 2011 10:19AM Articles of Amendment to Articles of Incorporation of SONOGENIC ULTRASOUND INC. (Name of Corporation as currently filed with the Florida Dept. of State) P05000080327 (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; 7628 MARGATE BLVD. (Principal office address MUST BE A STREET ADDRESS) MARGATE, FL 33063 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) PO BOX 771474 CORAL SPRINGS, FL 33077 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:

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

New Registered Office Address:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

(City)

Signature of New Registered Agent, if changing

(Florida street address)

Page 1 of 3

, Florida

(Zip Code)

| ug. 2. 2                              | 011, 10:19AM INSIGHT C | ABLE<br>ors, enter the title and name of each                            | No. 6773 P.    |
|---------------------------------------|------------------------|--|----------------|
| removed s                             |                        | f each Officer and/or Director bein                                      |                |
| <u>l'itle</u>                         | <u> Nаше</u>           | Address  | Type of Action |
|                                       |                        |  |                |
| · · · · · · · · · · · · · · · · · · · |                        |  | ☐ Add          |
|                                       |                        |  | II Kellove     |
| <del></del>                           |                        |  |                |
|                                       |                        |  |                |
|                                       |                        |  |                |
|                                       |                        |  |                |
|                                       |                        |  |                |
|                                       |                        |  |                |
|                                       |                        | ······································                                   |                |
| provisio                              |                        | hange, reclassification, or cancellated ment if not contained in the ame |                |
|                                       |                        |  |                |
| · · · · · · · · · · · · · · · · · · · |                        |  |                |
| <del></del>                           |                        |  |                |
|                                       |                        |  |                |
|                                       |                        |  |                |

Page 2 of 3

| Aug. 2. 2011 10:19AM<br>Lue date of each amendmen  | INSIGHT CABLE  | No. 67/3 P. 6   |
|--|--|---|
| Effective date if applicable:                      | 7/23/2011 (date of adoption is requ  | ired)   |
| •  | (no more than 90 days after amendment file   | e date)   |
| Adoption of Amendment(s)                           | (CHECK ONE)  |   |
| The amendment(s) was/we by the shareholders was/w  | re adopted by the shareholders. The number ere sufficient for approval.                        | of votes cast for the amendment(s)                                |
| The amendment(s) was/we must be separately provide | re approved by the shareholders through voti<br>d for each voting group entitled to vote separ | ng groups. The following statement<br>rately on the amendment(s): |
| "The number of votes                               | cast for the amendment(s) was/were sufficier   | at for approval   |
| by   | (voting group)   |   |
|  | (voting group)   |   |
| The amendment(s) was/we action was not required.   | re adopted by the board of directors without s   | bareholder action and shareholder                                 |
| The amendment(s) was/we action was not required.   | re adopted by the incorporators without share  | holder action and shareholder                                     |
| Dated_ 7/25.                                       | 2011   |   |
| Signature  | Hew Thompso  |   |
|  | a director, president or other officer if direct   |   |
|  | eted, by an incorporator – if in the hands of a sinted fiduciary by that fiduciary)            | receiver, trustee, or other count                                 |
|  | ALEISI THOMPSOI  | N .   |
|  | (Typed or printed name of perso  | n signing)  |
|  | PRESIDENT  |   |
|  | (Title of person signing)  |   |

Page 3 of 3