PDD00164309

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	· #)
· •	·	·
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nam	ne)
(Doc	cument Number)	
·	·	
Certified Copies	Certificates	of Status
	, ochmodies	<u></u>
Special Instructions to F	Filing Officer:	
<u> </u>	. <u> </u>	

Office Use Only



400314362454

06/08/18--01008--023 **35.00

JUN 11 2018 S. YOUNG 18 JUN -8 AM 9: 00

37

CORPORATE ACCESS, ____

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

		WALKIN
	PICK UI	P: <u>\(\langle\) \(\langle\) \(\langle\) \(\langle\)</u>
	CERTIFIED COPY	
X	РНОТОСОРУ	
	CUS	
X	FILING	Amend
1.	Health Core Adu (CORPORATE NAME AND DOCUMENT	isous Services, Inc
2.	(CORPORATE NAME AND DOCUMENT	#)
3.	(CORPORATE NAME AND DOCUMENT	#)
4.	(CORPORATE NAME AND DOCUMENT	#)
5.	(CORPORATE NAME AND DOCUMENT	#)
6.	(CORPORATE NAME AND DOCUMENT	#)
SPECIA	L INSTRUCTIONS:	

Articles of Amendment to Articles of Incorporation of

HEALTH CARE ADVISORS SERVIC	CES, INC.					
	of Corporation as curre	utly filed with the Florida Dept	of State)			
P05000164309	-					
	(Document Number	r of Corporation (if known)				
Pursuant to the provisions of section 607 its Articles of Incorporation:	7.1006, Fiorida Statutes, th	is Florida Profit Corporation ad	opts the foll	lowing and	endmen	ıt(s) to
A. If amending name, enter the new r	ame of the corporation:					
name must be distinguishable and con "Corp." "Inc.," or Co.," or the desig word "chartered," "professional associa	nution "Corp." "Inc." or	"Co". A professional corpora	rated" or t tion name t	he abbrar	new iation in the	
B. Enter new principal office address	if applicable:	2800 Ponce de Leon Blvd.				
(Principul office address <u>MUST BE A S</u>	STREET ADDRESS)	Suite 1480				
		Coral Gables, FL 33134		Pos	5	
C. Enter new mailing address, if appl (Mailing address MAY BE A POST	icable: OFFICE BOX)	2800 Ponce de Leon Blvd.		CAHA	NUL	7
		Suite 1480		355	8	FI
		Coral Gables, Ft. 33134			7	U
D. If amending the registered agent at new registered agent and/or the ne	nd/or registered office ad w registered office addre	dress in Florida, enter the name	of the	ORIDA	9: 09	
Name of New Registered Agent	Marc H. Auerbach, Esq.			•		
	200 S. Biscayne Blvd., Suite 3000					
	(Florida s	treet address)				
New Registered Office Address:	Miami		Florida	31		
		(City)		Ziv Coder		

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 = Chairmon or Clerk; CEO = ChiefExecutive Officer; CEO = 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 Doc. PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add

Example: X Change	<u>PT</u>	John Doe	
X Remove	V	Mike Jones	
_ <u>X</u> Add	<u>\$V</u>	Saily Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
I) Change	D	Joseph L. Cartincho	2800 Ponce de Leon Blvd.
X Add			Suite 1480
Remove			Coral Gables, FL 33134
2) Change	P	Bruno Suarez	7461 SW 59th Street
Add			Miami, FL 33143
X Remove			
3) Change	VP.	David Salazar	7461 SW 59th Street
Add			Miami, FL 33143
X Remove			
4) Change			
Add			
Remove			
5) Change	-		
Add			
Remove			-
6)Change		-	
Add			
Remove			

Attach addition	adding additional Art al sheets, if necessary).	(Be specific)	· 		
	-				

	<u> </u>				
• 10					
		<u> </u>			
					
··				······································	·
			···	<u> </u>	
					 -
		· · · · · · · · · · · · · · · · · · ·	·		
			-		
<u>f an amendmen</u> provisions for i	t provides for an exch mplementing the ame	ange, reclassific	ation, or cancella	tion of issued sha	res.
(if not appi	cable, indicate NA)	nament ii not co	<u>iitamen (n ene ajr</u>	enament useu:	
······································	* 	·		<u>-</u> <u>-</u>	
					
					
					

The date of each amendment(date this document was signed.	s) adoption:	if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date will Department of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) a sufficient for approval.	
The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by:	<u></u> ,	
	troting group)	
action was not required.	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	
action was not required.	adopted by the incorporators without snareholder action and shareholder	
June 5, 1	2018	
Signature		
Scicl	director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	Joseph L. Carancho	
	(Typed or printed name of person signing)	 ··_
	Director	
	(Title of person signing)	