P0600077027

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(Ad	dress)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Med Pay, I	nc.	
DOCUMENT NUMB	_{ER:} P0600007702	2	
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	oondence concerning this ma	tter to the following:	
	Robert Calhoun		
-		Name of Contact Person	1
_	Med Pay,Inc.		
_		Firm/ Company	
	735 sw 98 ct		
		Address	
_!	Miami, FL 33174		
		City/ State and Zip Cod-	e
200	0Robert@gmail.d	com	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Robert Calho	un	at (786	, 228-9926
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)
Amer Divis P.O.	ing Address Indment Section Identification of Corporations Box 6327 Indexed FL 32314	Ameno Divisio Clifton 2661 F	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

to

Med Pay, Inc.		
(Name of Corporation as currently	y filed with the Florida Dept. of State)	
P06000077022		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	rida Statutes, this Florida Profit Corporation	adopts the following amendment(s)
A. If amending name, enter the new name of the	corporation:	
MedCal, Inc.		The new
name must be distinguishable and contain the way "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or the second tender of the second	orp," "Inc," or "Co". A professional corp the abbreviation "P.A." ble:	rporated" or the abbreviation
D. If amending the registered agent and/or reginew registered agent and/or the new register	stered office address in Florida, enter the red office address:	name of the
Name of New Registered Agent		
Name of New Registered Agent		
	(Florida street address)	
N. D 1000 411	Plan	da.
New Registered Office Address:	, Flor (City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	nt. I am familiar with and accept the obliga	tions of the position.
Signature o	f 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: X Change					
	<u>PT</u>	John Doe			
X Remove	<u>V</u>	Mike Jones			
_X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title	<u>Nar</u>	<u>ne</u>		<u>Addres</u> s
1) Change		- -			
Add					 .
Remove					
2) Change	w	<u> </u>			
Add					
Remove					
3) Change				<u>—</u>	
Add					
Remove					
4) Change					
Add		<u> </u>			
Remove					
5) Change			7-7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	_	
Add					
Remove					- 1
6) Change		 -			
Add					
Remove					

maen additional shoets, if hecessury).	cles, enter change(s) here: (Be specific)
f an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
f an amendment provides for an excl provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

The date of each amendment(s) adoption: 3/18/2013		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopt by the shareholders was/were suffi	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.	
The amendment(s) was/were appromust be separately provided for ea	oved by the shareholders through voting groups. The following statement such voting group entitled to vote separately on the amendment(s):	
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopt action was not required.	ed by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and shareholder	
Dated	118/13	
selected,	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed	fiduciary by that fiduciary)	
_	Robert Calhon	
	(Typed or printed name of person signing)	
O~na/		
	(Title of person signing)	