## POCOCO1870

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: Elite Health Agency					
DOCUMENT NUMBER: POGDOO77870					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Name of Contact Person  Clette Health Agency  Firm/ Company  201 N. State Lol 7  Margate fl 33063  City/ State and Zip Code					
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:					
Corretta Waters a1 954, 531-3585					
Name of Contact Person Area Code & Daytime Telephone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee					
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations					

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment

Articles of Incorporation

GO = 1/2	of
Elite Health	Hency.
(Name of Corporation as curren	ntly filed with the Florida Dept. of State)
1060000778	10 /
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the world "corporate "Corp" "Inc" or Co" or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS )	
	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
,	NA ASSET
	SE 6
D. If amending the registered agent and/or registered office ad-	
new registered agent and/or the new registered office addre	<u>ss</u>
Name of New Registered Agent	ω
(Florida :	reet aditross)
New Registered Office Address:	. Florida
<del></del>	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen	nt·
I hereby accept the appointment as registered agent. I am familian	r with and accept the obligations of the position.
	h) /A
Signature of New	Registered Agent, if changing
· · · · · · · · · · · · · · · · · · ·	~ . M # M M

'n

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: $\underline{X}$ Change	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name Address	,
1) Change	1.	Samuel Waters 5398 NW 126	DRING
Add Remove		(1564 Springs M 33	10-10
2) Change			•
Add			· -
Remove		, <del>.</del>	-
3) Change			•
Add			
Remove			
4) Change			•
Add		<del></del>	
Remove			
5) Change		<del></del>	
Add			
Remove		<del> </del>	
6) Change		<del>-</del>	,
Add			
Remove			

	ticles, enter change(s) here: . (Be specific)
·	
<del> </del>	
	<del></del>
	. 1
	V
	<del></del>
<del>-</del>	
	<del></del>
an amendment provides for an exc	change, reclassification, or cancellation of issued shares,
	andment if not contained in the amondment itself:
provisions for implementing the am	condition if not contained in the amendment usen.
orovisions for implementing the am (if not applicable, indicate N/A)	endirent it not contained in the amendment usen.
provisions for implementing the amo	condition to not contained in the amendment usen.
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<u>provisions for implementing the am</u>	Contained in the amendment usen.
<u>provisions for implementing the am</u>	Contained in the amendment usen.

The date of each amendment(s) adoption:	if other than the
date this document was signed.	_
Effective date if applicable: 9/16/18	
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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 east 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.	
Dated_9/10/18	
Signature Market	_
(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)	
A state indicately	
Coresta Waless	
(Typed or printed name of person signing)	<u></u>
and the state of	
<u>Ullecteur</u>	
(Title of person signing)	