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| (Requestor's Name) | |
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| PICK-UP WAIT MAIL | |
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| Certified Copies Certificates of Status | |
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| Special Instructions to Filing Officer: | Ì |
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Office Use Only



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SECRETARY OF STATE
TAEL AHASSEL, FLORID

Anard C.COULLIETTE

AUG 3 1 2009

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

| NAME OF CORE | PORATION: | TELEVENTAS, INC | | |
|--|--|--|---|-------------------|
| DOCUMENT NU | MBER: | P07000055530 | <u> </u> | 73 (2) 1911. |
| The enclosed Artic | les of Amendment and fee | are submitted for filing. | | |
| Please return all co | orrespondence concerning th | nis matter to the following: | | |
| | MARIA | MERCEDES PACHECO | | vî 🕤 |
| | . 1 | Name of Contact Person | :* 1 | ••• |
| e at a constant | | A SECTION AND ADMINISTRATION OF THE PROPERTY O | | ** * |
| | RISE FII | NANCIAL GROUP, CORP | | 3H - 1 |
| , oʻ | | Firm/ Company | | |
| | 3 | 8671 W 16TH AVE | <u>. </u> | |
| ,, | | Address | | * |
| | Н | IALEAH FL 33012 | | |
| • | C | City/ State and Zip Code | | |
| For further informa | E-mail address: (to be use | ed for future annual report notification) | | |
| | 3 | , • • • • • • • • • • • • • • • • • • • | | |
| Name | of Contact Person | at () Area Code & Daytime Tel | ephone Number | |
| Enclosed is a check | for the following amount r | nade payable to the Florida Depart | ment of State: | , |
| ☑ \$35 Filing Fee | ☐ \$43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | \$52.50 Filing Fe Certificate of St Certified Copy (Additional Cop | atus |
| Mailing Ad Amendmen Division of P.O. Box 63 | t Section Corporations | Street Address Amendment Section Division of Corporations Clifton Building | | 23 to 25 to 40 to |

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

TELEVENTAS, INC

| (Name of Corporation as curr | ently filed with the Flor | rida Dept. of State |) | | |
|---|----------------------------|---------------------|----------------------|-------------------|---------------------|
| PO | 7000055530 | | | | |
| · · · · · · · · · · · · · · · · · · · | mber of Corporation (if k | nown) | | | |
| Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation: | 06, Florida Statutes, this | Florida Profit Co | rporation adop | pts the | followi |
| A. If amending name, enter the new name of | of the corporation: | | | | |
| | N/A | | | _The n | iew |
| name must be distinguishable and contain abbreviation. "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro- | e designation "Corp," "I | Inc," or "Co". A | professional co | d" or orporati | the ion 📶 |
| B. Enter new principal office address, if app | | | , , | _ | |
| (Principal office address MUST BE A STREE | ET ADDRESS) . 19. 35 | | ₹ | ٠. | |
| | | | | E | |
| N. | | | <u>></u> | A | No. |
| C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF) | | * | ASSEC PE | 328 PM 3: | Account Comments |
| | | | 95 | - ယ | Cultural |
| D. If amending the registered agent and/or | registered office address | s in Florida, enter | 문제 the name of th | ne ' | |
| new registered agent and/or the new regi | | | | | |
| Name of New Registered Agent: | N/A | | | | |
| name of New Negisterea Agent. | 7.07. | | | - | |
| New Registered Office Address: | (Florida stree | t address) | | | <i>:</i> |
| · · · · · · · · · · · · · · · · · · · | | , | | • | |
| | (City) | | Florida | | |
| | (Cily) | (Zip Ci | oaej | | , |
| New Registered Agent's Signature, if changi | ng Registered Agent: | | | • ; | |
| I hereby accept the appointment as registered of | igent. I am familiar with | and accept the obl | igations of the | positio | n. |
| | | | | | |
| | Signature of New Register | ed Agent if changi | nσ | | |

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) Title Name <u>Address</u> **Type of Action VPDS** SANDRA P. SUAREZ ☑ Add 12580 NW 20 TH ST PEMBROKE PINES, FL 33028 Remove ☐ Add ☐ Remove ☐ Add E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) N/A

F. If an amendment provides for an 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)

| THE SHARES | ARE 1000 5 | 51% TO SAN | IDRA P. SU | AREZ AND | 49 % TO JL | JAN SUAREZ |
|--|------------|------------|------------|----------|------------|------------|
| | | | | | | |
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| The date of each amendmen | t(s) adoption: AUGUST 17,2009 | | |
|--|---|--------------------------------------|--|
| Effective date if applicable: AUGUST 21,2009 | | | |
| • | (no more than 90 days after amendment fi | le date) | |
| Adoption of Amendment(s) | (CHECK ONE) | | |
| | ere adopted by the shareholders. The numbe ere sufficient for approval. | r of votes cast for the amendment(s) | |
| | ere approved by the shareholders through voiced for each voting group entitled to vote sept | | |
| "The number of votes | cast for the amendment(s) was/were sufficient | ent for approval | |
| by | (voting group) | " | |
| action was not required. The amendment(s) was/we action was not required. Dated AUC Signature | re adopted by the incorporators without share adopted by the incorporators without share a director president or other officer—if directed, by an incorporator—if in the hands of ointed fiduciary by that fiduciary) | retolder action and shareholder | |
| | JUAN SUAREZ | - | |
| • | (Typed or printed name of pers | son signing) | |
| | PRESIDENT | <u> </u> | |
| | (Title of person signing) | • | |