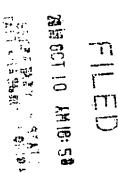
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-- OCT 1-1-2017---

I ALBRITTON

COVER LÉTTER

, :

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	MEDIVANCE BI	LLING SERVIC	E, INC.	
DOCUMENT NUMBER:	P07000067410			
The enclosed Articles of Amend	ment and fee are st	ıbmitted for filin	g.	
Please return all correspondence	concerning this ma	ater to the follow	ring:	
	N	EISHA CARTE	R ZAFFUT	ro
		Name of Cor	ntact Person	1
	MEDI	VANCE BILLIN	G SERVI	CE, INC.
		Firm/ Co	ompany	
	136	530 NW 8th Stre	et, Suite 21	5
Address				
Sunrise, FL 33325				
		City/ State ar	id Zip Code	
	neish	na@medivancebi	lling.com	
E-ma	iil address: (to be u	sed for future and	nual report	notification)
For further information concerni	ng this matter, pleas			
NEISHA CARTER ZAFFUTO		at (954 Area Co	746-8232
Name of Contact	Person	·-	Area Co	de & Daytime Telephone Number
Enclosed is a check for the follow	wing amount made	payable to the FI	orida Depa	ertment of State:
	3.75 Filing Fee & rificate of Status	□S43.75 Filin Certified Co (Additional enclosed)	ру	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Addr Amendment So Division of Co P.O. Box 6327 Tallahassee, Fl	rction rporations		Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, F1, 32301

Articles of Amendment to Articles of Incorporation of



MEDIVANCE BILLING SERVICE, INC.

(Name of Corporation as currently filed with the Florida Dept. of State) P07000067410 (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: N/A The new 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: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	13630 NW 8th Street, Suite 215		
	Sunrise, FL 33325		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	13630 NW 8th Street, Suite 215		
	Sunrise, FL 33325		

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

13630 NW 8th Street, Suite 215

(Florida street address)

Sunrise

(City)

NEISHA CARTER ZAFFUTO

13630 NW 8th Street, Suite 215

(Florida street address)

(City)

(Ziv Code)

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

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

Signature of 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: XChange	<u> 6.1.</u>	John Doe	
X Remove	<u>Y</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
f) Change		N/A	N/A
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. If amending or adding additional Articles, enter change(s) here:	
(Attach additional sheets, if necessary). (Be specific)	
5/A	
	<u> </u>
	·
. If an amendment provides for an exchange, reclassification, or cancell	ation of issued shares
provisions for implementing the amendment if not contained in the a	nendment itself:
(if not applicable, indicate N/A)	
N/A	

The date of each amendment(s) ac	OCTOBER 01, 2017	, it other than the
date this document was signed.		if other than the
	OBER 01, 2017	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(m) more than in the state of the tane)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for the amendment(s) flicient for approval.	
	roved by the shareholders through voting groups. The following statemen each voting group entitled to vote separately on the amendment(s):	rt
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by N/A	**	
<u> </u>	(voting group)	
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
selected	rector, president or other officer – if directors or officers have not been 1, by an incorporator – if in the hands of a receiver, trustee, or other court	<u> </u>
арронн	ed fiduciary by that fiduciary)	
	NEISHA CARTER ZAFFUTO	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	