## P08000044068

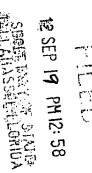
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Amend

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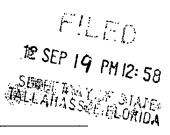
T. LEWIS

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

D0000004406		ER CORP.	
mendment and fee are su	bmitted for filing.		٠
dence concerning this ma	tter to the following:		
ARTHA O. LIM	<b>A</b>		
	Name of Contact Person	1	
NCHOR MEDIC	CAL CENTER CO	ORP.	
	Firm/ Company		
2781 SW 42nd	STREET, SUITE	<u> </u>	
	Address	,	
IAMI, FL 33175			
	City/ State and Zip Code	e	
is1@live.com			
E-mail address: (to be us	sed for future annual report	notification)	
ncerning this matter, pleas	se call:		
	<sub>at (</sub> 786	718-2751	
ontact Person		de & Daytime Telephone Number	_
following amount made	payable to the Florida Depa	artment of State:	
■\$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)	
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CTallahassee, FL 32301		Iment Section on of Corporations	
	P0800004406  mendment and fee are surdence concerning this mand ARTHA O. LIMANCHOR MEDICATION AND ARTHA O. L	P08000044068  mendment and fee are submitted for filing.  dence concerning this matter to the following:  ARTHA O. LIMA  Name of Contact Person NCHOR MEDICAL CENTER CO Firm/ Company Post SW 42nd STREET, SUITE Address  IAMI, FL 33175-3437  City/ State and Zip Cod  iis1@live.com  E-mail address: (to be used for future annual report  neerning this matter, please call:  at (786 Ontact Person  at Contact Person  Con	mendment and fee are submitted for filing.  dence concerning this matter to the following:  ARTHA O. LIMA  Name of Contact Person NCHOR MEDICAL CENTER CORP.  Firm/ Company 2781 SW 42nd STREET, SUITE H  Address IAMI, FL 33175-3437  City/ State and Zip Code  Dis1@live.com  E-mail address: (to be used for future annual report notification)  Incerning this matter, please call:  at (786 ) 718-2751  Area Code & Daytime Telephone Number  of following amount made payable to the Florida Department of State:  Street Address Incertificate of Status  Certificate Copy (Additional Copy is enclosed)  Amendment Section In of Corporations  Amendment Section Division of Corporations

'Articles of Amendment to Articles of Incorporation of



## ANCHOR MEDICAL CENTER CORP.

/ (( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (				TO THE OWNER OF THE OWNER
(Name of Corporation as	currently filed with the Flo	orida Dept. of State)		
P08000044068				
(Documen	t Number of Corporation (if	known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation a	adopts the following	amendment(s) to
A. If amending name, enter the new na	me of the corporation:			
				The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associat	ation "Corp," "Inc," or "C	Co". A professional corpor	oorated" or the abb ration name must co	reviation ontain the
B. Enter new principal office address, in (Principal office address MUST BE A ST			·	
C. Enter new mailing address, if appli (Mailing address MAY BE A POST of				
D. If amending the registered agent an new registered agent and/or the new		ess in Florida, enter the na	ame of the	
Name of New Registered Agent	BRIDGE OF LOVE	E AND HOPE, INC	) •	
Name of New Registered Agent	2520 SW 22 STF	REET, SUITE 300		
	(Florida stre	<del></del>	<del></del>	
New Registered Office Address:	MIAMI	. Florid	a 33145-3438	
New Registered Office Hadress.	(City)	, , , , , , , , , , , , , , , , , , , ,	(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agent: tered agent.   am familiar w	ith and accept the obligation	ons of the position.	
Si	gnature of New Registered A	gent, 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.

Mike Jones, v as Kemovi	e, ana sa	uy smun, s	v as an Ada.	
Example: X_Change	PT	John Doe	2	
X Remove	<u>v</u>	Mike Jon	<u>ies</u>	
X Add	<u>sv</u>	Sally Sm	<u>ith</u> .	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	NFF	<b>&gt;</b>	BRIDGE OF LOVE AND HOPE, INC.	2520 NW 22ND STREET
X Add				SUITE 300
Remove				MIAMI, FL 33145-3438
2) Change	CEC	2	MARTHA O. LIMA	90 NW 24TH AVENUE
X Add			•	MIAMI, FL 33125-5258
Remove		_		
3) X Change	CMC	<u> </u>	MARGARITA PEREZ-BATISTA, MD	12781 SW 42ND AVENUE
Add				SUITE H
Remove				MIAMI, FL 33175-3437
4) Change	CFC	2	JESUS GAZQUEZ	1560 SW 139TH AVENUE
X Add				MIAMI, FL 33184-2711
Remove				
5) Change		<del></del> .		
Add				
Remove				
6) Change		<del></del> .		
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
01. THE NEW OWNER OF THE CORPORATION IS BRIDGE OF LOVE AND HOPE, INC.
02. THE NEW CHIEF EXECUTIVE OFFICER IS MARTHA O. LIMA
03. THE NEW CHIEF MEDICAL OFFICER IS MARGARITA PEREZ-BATISTA, MD
04. THE NEW REGISTERED AGENT IS BRIDGE OF LOVE AND HOPE, INC.
F. If an amendment provides for an exchange, reclassification, or cancellation of issued singles, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)
01. THE NEW SOTCKHOLDER OF THE CORPORATION IS BRIDGE OF LOVE AND HOPE, INC. = 500 SHARES/100% STOCKHOLDER

The date of each amendment(s) adoption: AUGUST 18, 2012
Effective date if applicable: SEPTEMBER 1, 2012
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast 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 cast 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_SEPTEMBER 1, 2012
Signature  (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)
MARTHA O. LIMA
(Typed or printed name of person signing)  C.E.O.
(Title of person signing)