P08000077193

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# Florida Department of State

## Division of Corporations

Public Access System

### Electronic Filing Cover Sheet

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TALLAHASSEE FLORIDA

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```
To:
    Division of Corporations
    Fax Number      : (850)617-6380

From:
    Account Name    : CORPDIRECT AGENTS, INC.
    Account Number  : 110450000714
    Phone           : (850)222-1173
    Fax Number      : (850)224-1640
```

*Provide copy of doc., once filed, to front desk. Need to obtain a cert. copy of Articles Amendment after doc. filed.*

001542.104478

# COR AMND/RESTATE/CORRECT OR O/D RESIGN

## INTERNATIONAL HEALTH MARKETING INC.

PLEASE GIVE ORIGINAL SUBMISSION DATE AS FILE DATE
5/19

| | |
|---|---|
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5/28/09

May 20, 2009

FLORIDA DEPARTMENT OF STATE
Division of Corporations

INTERNATIONAL HEALTH MARKETING INC.
60 KNOLL CRESCENT
BRONX, NY 10463

PLEASE GIVE ORIGINAL SUBMISSION DATE AS FILE DATE.
5|19

SUBJECT: INTERNATIONAL HEALTH MARKETING INC.
REF: P08000077193

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The date of adoption of each amendment must be included in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6927.

Tracy L Lemieux
Regulatory Specialist II

FAX Aud. #: H09000125197
Letter Number: 209A00017119

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TALLAHASSEE, FLORIDA

PLEASE GIVE ORIGINAL SUBMISSION DATE AS FILE DATE.
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P.O BOX 6327 – Tallahassee, Florida 32314

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TALLAHASSEE FLORIDA

**Articles of Amendment**
**to**
**Articles of Incorporation**
**of**

_______________________________________________
**(Name of Corporation as currently filed with the Florida Dept. of State)**

International Health Marketing Inc
**(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:**

Health Marketing International Inc. *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 MUST BE A STREET ADDRESS)***

**C. Enter new mailing address, if applicable:**
***(Mailing address MAY BE A POST OFFICE BOX)***

**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:* _______________

*New Registered Office Address:* _______________
*(Florida street address)*

_______________, Florida _______
*(City)* *(Zip 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)*

| Title | Name | Address | Type of Action |
|---|---|---|---|
| | | | ☐ Add ☐ Remove |
| | | | ☐ Add ☐ Remove |
| | | | ☐ Add ☐ Remove |

E. **If amending or adding additional Articles, enter change(s) here:**
*(attach additional sheets, if necessary). (Be specific)*

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)*

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**The date of each amendment(s) adoption:** May 18, 2009

**Effective date if applicable:** June 1, 2009

*(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 May 18, 2009

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)

Michael Whiteley

(Typed or printed name of person signing)

Director

(Title of person signing)



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