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COVER LETTER

Division of Corpo	rations			
NAME OF CORPORATION: P3 Medical, Inc. DOCUMENT NUMBER: P0900068796				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all corres	Please return all correspondence concerning this matter to the following:			
-	315 W. B	P3 Medicalin	Edge Dr. 32736 c.com	
For further information	concerning this matter, please	call:		
Patty	Polley	at (407	361-7565	
Patty Polley at (407) 361-7565 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	□\$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 Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

P3 Medical In	C
(Name of Corporation as currently	filed with the Florida Dept. of State)
P0900069	3796
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "I	"," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	p)
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	The second second
	The second second
C. Enter new mailing address, if applicable:	To man
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
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	nong . — —————————————————————————————————
D. If any district well as the second	
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent	
(Florida stre	at addragal
	er uauress)
New Registered Office Address:	, Florida City) (Zip Code)
,	City) (Zip Coue)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
Signature of New Re	gistered 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:
(Assert additional three thousands)

(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: X Change	PT John I	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	O	Chester D. M. Henberger	766 N. Sun Or.
Add			#1060
Remove			Lake Mary, F1 32746
2) Change	V	Brandon Polley	349 Evansdale Rd Lake Mary, F1
X Add			Lake Mary, FI
Remove			3>746
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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an amendment near	vides for an excha	inge, reclassific	ation, or canc	<u>ellation of issu</u>	<u>ied shares,</u>	
an amenument prov	nenting the amen	dment if not co	ntained in the	<u>amendment i</u>	<u>tself:</u>	
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The date of each amendment(s) adoption: date this document was signed.	, if other than
Effective date if applicable: Moy 26 4 20 16 (no more than 90 days after amendment file date)	
(ne more than 90 days after amendment file day	e)
Note: If the date inserted in this block does not meet the applicable statutory filing requireme document's effective date on the Department of State's records.	nts, this date will not be listed as
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
he amendment(s) was/were adopted by the shareholders. The number of votes cast for the arby the shareholders was/were sufficient for approval.	nendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The follow must be separately provided for each voting group entitled to vote separately on the amendment	
"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 action was not required.	shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action and shar action was not required.	reholder
Dated May 26th 2016 Signature Path Palley, Piesident	
(By a director, president or other officer if directors or officers have selected, by an incorporator — if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	e not been
(Typed or printed name of person signing)	
President	
(Title of person signing)	

the