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| (Red | questor's Name) | |
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| (Add | dress) | |
| (Ado | dress) | |
| (City | y/State/Zip/Phone |) #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bus | siness Entity Nan | ne) |
| (Doc | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to I | Filing Officer: | |
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COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

| NAME OF CORPORATION: Hyper-Interactive Marketing, Corp. | | | Corp. | | |
|---|--|-----------------------------------|---|-------------|--|
| DOCUMENT NU | JMBER: | P09000085243 | | | |
| The enclosed Artic | cles of Amendment and | fee are submitt | ed for filing. | | |
| Please return all co | orrespondence concerni | ng this matter to | the following: | | |
| | | Saeb Ja | | ····· | |
| | | Name of Con | tact Person | | |
| | | Firm/ Co | mpany | | |
| 5523 Rawls Rd | | | | | |
| | | Addr | ess | | |
| | | Tampa, F City/ State an | | | |
| | E-mail address: (to | saebj@aol.c be used for future | com annual report notific | cation) | |
| For further inform | ation concerning this ma | atter, please cal | l: | | |
| | saeb jannoun | at (| 813) | 963 | -0499 |
| Name | of Contact Person | | Area Code & Day | time Teleph | none Number |
| Enclosed is a chec | k for the following amo | ount made payal | ole to the Florida | Departme | ent of State: |
| ☑ \$35 Filing Fee | \$43.75 Filing Fee & Certificate of Status | Ce | 3.75 Filing Fee & rtified Copy Iditional copy | | \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Mailing Address Amendment Section | | | et Address ndment Section | | |

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Articles of Amendment to

| | Articles of Incorporation | | | |
|--|--|--|--|--|
| | of Control of the Con | | | |
| Hyper-Interactive Marketing, Corp. | | | | |
| (Name of Corporation as co | urrently filed with the Florida Dept. of State) | | | |
| Р | ractive Marketing, Corp. 10 10 10 10 10 10 10 10 10 1 | | | |
| (Document) | Number of Corporation (if known) | | | |
| Pursuant to the provisions of section 607. amendment(s) to its Articles of Incorporation | 1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following on: | | | |
| A. If amending name, enter the new nam | e of the corporation: | | | |
| abbreviation "Corp.," "Inc.," or Co.," or | tin the word "corporation," "company," or "incorporated" or the the designation "Corp," "Inc," or "Co". A professional corporation professional association," or the abbreviation "P.A." | | | |
| B. Enter new principal office address, if a (Principal office address) | | | | |
| C. Enter new mailing address, if applica | | | | |
| (Mailing address <u>MAY BE A POST OF</u> | FICE BOX | | | |
| | | | | |
| | | | | |
| | or registered office address in Florida, enter the name of the | | | |
| new registered agent and/or the new r | egistered office address: | | | |
| Name of New Registered Agent: | Saeb Jannoun | | | |
| | 5523 Rawls Rd. | | | |
| New Registered Office Address: | (Florida street address) | | | |
| | Tampa , Florida 33625 | | | |
| | (City) (Zip Code) | | | |
| New Registered Agent's Signature, if cha | nging Registered Agent: | | | |
| l hereby accept the appointment as registere | ed agent. I apt familiar with and accept the obligations of the position. | | | |
| | (specifically) | | | |
| • | Stonante of New Registered Agent, if changing | | | |

Page 1 of 3

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)

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|--|----------------------------------|----------------|
| <u>D</u> | Integrated Medical Diagnos | 5523 Rawls Rd Tampa, FL 33625 | |
| <u>P</u> | Saeb Jannoun | 5523 Rawls Rd Tampa, FL 33625 | _ |
| | | | |
| | ding or adding additional Articles, ente dditional sheets, if necessary). (Be spec | | |
| | | | |
| provisi | mendment provides for an exchange, reons for implementing the amendment in a applicable, indicate N/A) | | |
| | | | |
| - | · · · · · · · · · · · · · · · · · · · | | |
| | | | |

| The date of each amendmen | t(s) adoption: | 6-8-13 |
|--|---------------------|---|
| Effective date <u>if applicable</u> : | June 8, 2010 | (date of adoption is required) |
| Effective date <u>it apprecible</u> . | (no more than 9 | 0 days after amendment file date) |
| • | | |
| Adoption of Amendment(s) | (<u>CH</u> | ECK ONE) |
| The amendment(s) was/we by the shareholders was/w | | shareholders. The number of votes cast for the amendment(s) approval. |
| | • • | e shareholders through voting groups. The following statemen group entitled to vote separately on the amendment(s): |
| "The number of votes | cast for the amend | dment(s) was/were sufficient for approval |
| by | (voting group) | •• |
| Market Committee | (voting group) | |
| The amendment(s) was/we action was not required. | ere adopted by the | board of directors without shareholder action and shareholder |
| The amendment(s) was/we action was not required. | ere adopted by the | incorporators without shareholder action and shareholder |
| Dated | Tone | 8 2010 |
| Signature _ | | bee |
| (B) | | ent or other office. – if directors or officers have not been |
| | pointed fiduciary b | porator – if in the hands of a receiver, trustee, or other court by that fiduciary) |
| | | Saeb Jannoun |
| | (Тур | ped or printed name of person signing) |
| | | President |
| | (Title of | person signing) |