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COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations			
NAME OF CORPORATION	: SKYBlue	Health Cente	R INC.
DOCUMENT NUMBER:	P090000	94439	
The enclosed Articles of Amen	dment and fee are so	ubmitted for filing.	
Please return all correspondence	e concerning this ma	atter to the following:	
	Leona	nels BASANTA of Contact Person	<u>. </u>
	Fi	rm/ Company	
	1 Glenn	Roypl Park Address	WAY # 302
	M (Am) City/S	FC 33 125 State and Zip Code	
E-mail	MRehas (address: (to be used for	AUL.Com	
For further information concern	ning this matter, plea	ase call:	
Leonardo B Name of Contact Per	SON	at (784) 204- Area Code & Daytime Tele	ephone Number
Enclosed is a check for the foll	owing amount made	payable to the Florida Depart	ment of State:
	Filing Fee & cate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed
Mailing Address Amendment Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	ns	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	e

Tallahassee, FL 32301

Articles of Amendment

•	,	to Articles of Incorpo	ration	j.	ILED
		of		10 FEB	-8 PM 2:35
KY Blue	Health	CENTER	INC.	· "DeCar.	_ PH 2: 35
(Name of Corp	oration as curre	Center ently filed with the F	lorida Dept.	of State) A	SEF STATE
	OPO9	00009443	7		LORIDA
	(Document Num	ber of Corporation (i	f known)		- ·

lowing

Pursuant to the provisions of section 607.1 amendment(s) to its Articles of Incorporation	1006, Florida Statutes, this <i>Flo</i> n:	orida Profit Corporation adopts the foll
A. If amending name, enter the new nam	e of the corporation:	
name must be distinguishable and contai abbreviation "Corp.," "Inc.," or Co.," or name must contain the word "chartered," "j	the designation "Corp," "Inc,	" or "Co". A professional corporation
B. Enter new principal office address, if a (Principal office address MUST BE A STR		
C. Enter new mailing address, if applical (Mailing address MAY BE A POST OF		
D. If amending the registered agent and/o		Florida, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street aa	dress)
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if char I hereby accept the appointment as registere		d 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
P	Leonardo BASANTA	H 302 MIAMI RL. 3312	Add Remove
Ρ	MARIA C Sayrez	1411 NW 25+ #3 MIAMI FL. 33125	⊠ Add □ Remove
			🔲 Add
	additional sheets, if necessary). (Be spec		
<u>provis</u>	mendment provides for an exchange, recions for implementing the amendment if not applicable, indicate N/A)		
			<u>-</u>

The date of each amendment	(s) adoption: 02 102 110
* , , ,	(date of adoption is required)
Effective date if applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/weby the shareholders was/weby	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
The amendment(s) was/wes	re approved by the shareholders through voting groups. The following statement d 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/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated	02 63 10
sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
	(Typed or printed name of person signing) Low Bosaco Lus (Title of person signing)