

P10000002640

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Fax Number : (850) 617-6380

From: Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC
Account Number : I20070000020
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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NICK SPRADLIN
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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
CINCH HEALTH, INC.**

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 30, 2010

CINCH HEALTH, INC.
12000 NORTH DALE KABRY HWY
SUITE 110
TAMPA, FL 33618US

SUBJECT: CINCH HEALTH, INC.
REF: P10000002640

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) 245-6916.

Carol Mustain
Regulatory Specialist II

FAX Aud. #: B10000172525
Letter Number: 610A00018426

Articles of Amendment
to
Articles of Incorporation
of

CINCH HEALTH, INC.

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

P10000002640

(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:

TRANS GLOBAL CONSULTING ASSOCIATES, 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)

2559 FLORIDIANE RD.

MELBOURNE

FLORIDA 32935

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2559 FLORIDIANE RD.

MELBOURNE

FLORIDA 32935

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)

(City)

Florida
(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

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10 JUL 30 AM 10:13

STATE
OFFICE
TALLAHASSEE, FLORIDA

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>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> 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)

The date of each amendment(s) adoption: 7/29/10

(date of adoption is required)

Effective date if applicable:

(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 07/29/2010

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)

NICKOLAS J. SPRADLIN

(Typed or printed name of person signing)

INCORPORATOR

(Title of person signing)