P10000025429

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Short

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Health Manager	ment Ventures, Inc.
DOCUMENT NUMBER: P10000025429	
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this n	natter to the following:
Ewan Leslie, President	
	Name of Contact Person
Health Management Ventu	res, Inc.
	Firm/ Company
2215 N. Military Trail, Ste	• •
	Address
West Palm Beach, FL 3340	9
	City/ State and Zip Code
office@healthmanagementventur	es.com
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, ple Ewan Leslie, President	ease call: at (561
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	
\$35 Filing Fee Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address 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

realiti Management Ventures, Inc.		A1 1 1 1 1 1 1 1 1 1	
(<u>Name of Cor</u> P10000025429	poration as currently	filed with the Florida D	ept. of State)
	Document Number of	Corporation (if known)	
		•	
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this F	Iorida Profit Corporation	adopts the following amendment(s)
A. If amending name, enter the new name of	f the corporation:		
N/A			The I now
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "C	o". A professional corp	
B. Enter new principal office address, if app	licable:	N/A	
(Principal office address MUST BE A STREE			電影 3
			- Lord
C. Enter new mailing address, if applicables		N/A	
(Mailing address <u>MAY BE A POST OFFI</u>	CE BOX)		
D. If amending the registered agent and/or r new registered agent and/or the new regis		ss in Florida, enter the r	name of the
N/A Name of New Registered Agent			
Name of New Registered Agent		· · · · · · · · · · · · · · · · · · ·	
	(Florida stree	et address)	<u> </u>
N/A	(* 107 334 54 65		
New Registered Office Address: NA		City)	, Florida(Zip Code)
	,	9,	(- F
New Registered Agent's Signature, if changing		at t	
I hereby accept the appointment as registered a	igent. I am familiar wi	in and accept the obligati	ons of the position.
	Signature of New Re	gistered Agent, if changin	<u></u>

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)

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	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	CEO	_	Jennifer Leslie	2215 N. Military Trail, Ste O
XAdd				West Palm Beach, FL 33409
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change			<u> </u>	
Add				
Damova				

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
N/A	
	· · · · · · · · · · · · · · · · · · ·
F. If an amendment provides for an exchange provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
N/A	

The date of each amendment(s) adoption:, if other than the
date this document was signed.
Effective date <u>if applicable</u> :
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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.
April 23, 2016
Dated
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)
Jennifer Leslie
(Typed or printed name of person signing)
. Chief Executive Officer

(Title of person signing)