

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000108544 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE,

Account Number : I20000000019

: (305)552-5973

Phone Fax Number

: (305)220-1440

**Enter the email address for this business entity to be used for 🏗τῦ

annual report mailings. Enter only one email address please.* Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN SUN HEALTH PLUS INC.

Certificate of Status

Certified Copy

Page Count

04

Estimated Charge

\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

h Y-25 f/21/2011 4:05 PM

. LAZARUS

PAGE 02/05

850-617-6381

4/22/2011 10:50:47 AM PAGE 1/001 Fax Server



April 22, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SUN HEALTH FLUS INC. 3900 NW 79TH AVE 805 DORAL, FL 33166

SUBJECT: SUN HEALTH PLUS INC.

REF: P10000033763

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 current name of the entity is as referenced above. Please correct your document accordingly.

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) 245-6892.

Tina Roberts Regulatory Specialist II FAX Aud. #: H11000108544 Letter Number: 811A00009797

PECEIVED

11 APR 25 AM 8: 00

SECIETARY OF STAILE

LAZARUS

PAGE 03/05

Articles of Amendment

Articles of Incorporation

11 APR 25 PM 3: 32

	of	SECRETA
	SUN HEALTH PLUS INC.	SECRETARY OF STATE TALLAHASSEE, FLORIDA
	(Name of Corporation as currently filed with the Florida Dept. of State)	, LORIUA
	P10000033763	
	(Document Number of Corporation (if known)	
Pursu amen	ant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corp. dment(s) to its Articles of Incorporation:	coration adopts the following

A. If amending name, enter the new nam	e of the corporation:
	The new
abbreviation "Corp.," "Inc.," or Co.," or	in the word "corporation," "company," or "incorporated" or the designation "Corp," "Inc," or "Co". A professional corporatio professional association," or the abbreviation "P.A."
B. Enter new principal office address, if	applicable:
(Principal office address <u>MUST BE A ST</u> S	
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OI	
D. If amending the registered agent and/ new registered agent and/or the new r	or registered office address in Florida, enter the name of the resistered office address:
Name of New Revistered Agent:	ZOILA E. CARDENAS
	3900 NW 79TH AVE STE. 805
New Registered Office Address:	(Florida street address)

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.

(City)

DORAL

Signature of New Registered Agent, if changing

. Florida 33166

(Zip Code)

Page 1 of 3

If amending the Officers and/or Directors, enter the fittle 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)						
Title	Name	Address	Type of Action			
<u>P</u>	ZOILA E. CARDENAS	3900 NW 79th AVE Ste. 805 DORAL, FLORIDA 33166	☑ Add ☐ Remove			
<u>P</u>	JUAN F. LOPEZ HINCAPIE	3900 NW 79th AVE Ste. 805 DORAL FLORIDA 33166	☐ Add ☑ Remove			
D	ALEXIS SOBRINO	3900 NW 79th AVE Ste. 805 DORAL, FLORIDA 33166	☐ Add ☑ Remove			
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)						
			· · · · · · · · · · · · · · · · · · ·			

PAGE 05/05

- -

(Title of person signing)

PRESIDENT

ZOILA E. CARDENAS
(Typed or printed name of person signing)