P10000038859

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SECRETARY OF STATE
ALLAHASSEE FLORID

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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 28, 2011

DONALD A. OPPERMAN, CEO I-RONGO MEDI-SOLF CORPORATION 605 CHOCKTAW ST LAKE MARY, FL 32746

SUBJECT: I-RONGO MEDI-SOFT CORPORATION

Ref. Number: P10000038859

We have received your document for I-RONGO MEDI-SOFT CORPORATION and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Amendments for Florida profit corporations are filed in compliance with section 607.1006, Florida Statutes. Please see the enclosed information.

We are enclosing the proper form(s) with instructions for your convenience.

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

Letter Number: 311A00022331

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COVER LETTER

Division of C			۱۰		
NAME OF COR	PORATION: C-R	ongo Medi-	Soft Corporation		
DOCUMENT NU	P100	500038859			
The enclosed Artic	cles of Amendment and fee ar	e submitted for filing.			
Please return all co	orrespondence concerning this	matter to the following:			
	Dorald A.	Opperman	`		
	i-Rongo	me of Contact Person Nedi-Sof	+ Corporation		
		Firm/ Company	······		
	605 Chockto	aw St.			
	Lake Mar	Address FL 32°	746		
d	donald.oppe	y/State and Zip Code T man @ i - T	ongo.com		
	E-mail address: (to be used	for future annual report notification)			
For further inform	ation concerning this matter, p	sleace calls			
A	_		4581		
Donalo	of Contact Person	at (407) 462- Area Code & Daytime Tele	phone Number		
name	e of Comact Person	Area Code & Daytime Tele	Shore (varioe)		
Enclosed is a chec	k for the following amount ma	nde payable to the Florida Departr	nent of State: already		
□ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S\$2.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing A	<u>ddress</u>	Street Address			
Amendment Section		Amendment Section			
Division of Corporations		Division of Corporations			
P.O. Box 6		Clifton Building			
Tallahassee, FL 32314		2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Elin proy

I-RONGO MEDI	- SOFT	CORPORATION	
(Name of Corporation as currently f	iled with the Flor	ida Dept. of State)	
(Document Number of	•	•	
Pursuant to the provisions of section 607.1006, Floramendment(s) to its Articles of Incorporation:	rida Statutes, this	Florida Profit Corporation adopts	s the following
A. If amending name, enter the new name of the c	orporation:		
	I (f		The new
name must be distinguishable and contain the we abbreviation "Corp.," "Inc.," or Co.," or the design name must contain the word "chartered," "profession	nation "Corp," "I	'nc," or "Co". A professional cor	or the poration
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD		SEC	3 7
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>	<u></u>	ATT SORE	T 17 PH 12: 03
D. If amending the registered agent and/or registe new registered agent and/or the new registered		s in Florida, enter the name of the	:
Name of New Registered Agent:			
New Registered Office Address:	(Florida stree	t address)	
	(City)	, Florida (Zip Code)	
N. D. Maria de Arrando Sirra de Constante de		(24 0000)	
New Registered Agent's Signature, if changing Regional in the comment as registered agent.	ustered Agent: I am familiar with	and accept the obligations of the p	osition.

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)

Title Name		Address	Type of Action
Title EUP Juanita	Popense	605 Chocktows	Add DAdd
-		Laka May FL32	₹46 Remove
			□ Add □ Remove
			-
	 		
			□ Remove
E. If amending or adding add			
(attach additional sheets, if n	ecessary). (Be specific	:) 	
	· · · · · · · · · · · · · · · · · · ·		, , , , , , , , , , , , , , , , , , ,
			
F. If an amendment provides	s for an exchange, <u>recla</u>	ssification, or cancellation of	issued shares,
provisions for implementi	ng the amendment if no	ot contained in the amendmen	t itself:
(ij not applicable, malci	THE NOTA OF CEO	a Pomidate Sha	ros. 45% lot I million tota
C'SKA O' AT.	prosition, and	1 - M 110-C1	issued)
Eric C. Beck	21 5 Chiet Sor	ina Otticor 1153/	<u>ares: 10 16</u>
Pragan Kaikin	11 Chiet Tech	rology Ottices/EV	B; Shares: 15/0
Dr. Fordinard	Schafer; Chia	et Medical Officer	res: 45% (of 1 million total ares: 18% P; Shares: 15% 14P; Shares: 12%
Lou Laborace:	Chief Most	orting Officer S'	VP; Shoros: 10%
	<u>, </u>		

		octob	od 13, 2	~\\
The date of each amendment		of adoption is r	required).	
Effective date if applicable:	Octobes		/	
	(no more than 90 days a	ifter amendmen	t file date)	
Adoption of Amendment(s)	(CHECK O	NE)		
The amendment(s) was/web by the shareholders was/web			aber of votes cast for the	amendment(s)
The amendment(s) was/wei must be separately provide				
"The number of votes	cast for the amendment(s)) was/were suff	icient for approval	
by			• • • • • • • • • • • • • • • • • • • •	
	(voting group)			
The amendment(s) was/well action was not required.	e adopted by the board of	f directors with	out shareholder action as	nd shareholder
The amendment(s) was/wer action was not required.	e adopted by the incorpor	rators without s	hareholder action and sh	nareholder
Dated	ctober 13	5,2011		
	Sonald			TOUT
sele	a director, president or of cted, by an incorporator - ointed fiduciary by that fi	- if in the hands	of a receiver, trustee, or	other court
D	ONALD	A a	OPPERM	NAN
			person signing)	_
	CEO 4	Pres	sident	
	(Title of person	signing)		