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SEP 28 2015

15 SEP 21 PH 12: 18

## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

172

NAME OF CORPOR	ATION: Vitrov	ian Hralth	Corporation
DOCUMENT NUMB	er: <u>7100000</u> °	49125	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
	Amber	Name of Contact Person	1
	Vitruri	an Health Company	priporation
	2922 T	zmplz Hill Ro Address	<u> </u>
	Lady	Lakz ← L City/ State and Zip Code	32159
	Chnson Pos E-mail address: (to be us	sibilities@ yc ed for future anhual report	notification)
For further information	concerning this matter, pleas	e call:	
Ambzr Name o	Johnson f Contact Person	at ( >5 2. Area Co	) 255-1969 de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address Indment Section Ission of Corporations Box 6327 Ishassee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations a Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

77.70

Vitrovian Health Corporation	<u> 15 SEP 21 - 94</u> 12: 18
(Name of Corporation as currently filed with the Florida Dept. of State)	_
P1 00000 49 125	TALLAHASSEE ELONIO
(Document Number of Corporation (if known)	· - 9-1-14 ( 14.7) ( 15.7)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the foits Articles of Incorporation:	llowing amendment(s) to
A. If amending name, enter the new name of the corporation;	
	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name 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)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<del></del>
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	
(Florida street address)	<del></del>
New Registered Office Address:, Florida,	
(City)	(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 pos	ition.
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)

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 <math>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	PT John I	<u>Doe</u>	
X Remove	V Mike	<u>Jones</u>	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	VP	Gragory W. Schultz;	593 County Rd 448
Add			Towars, FL 32778
X Remove			
2) Change	Secretary	Gragory W. Schultzir	593 County Rd 448
Add		v	Tayars, fl 32778
Remove	. —	\	
3) Change	15	Amber Johnson	2922 Tample Hill Rd
<u>X</u> Add			Lady laks FL 32159
Remove	_	<b>k</b>	
4)Change	<u>S</u>	Amber Johnson	2922 Temple Hill Rd
_X_Add			lady lake Fl 32159
Remove			
5) Change		- International Control of the Contr	
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)	
N/4	
	-
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)	
San attached document	
·	

The date of each amendment(s) adoption: 7/22/15 late this document was signed.	, if other than the
Effective date if applicable:	
(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, a document's effective date on the Department of State's records.	this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amend by the shareholders was/were sufficient for approval.	lment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following s 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 shar action was not required.	reholder
The amendment(s) was/were adopted by the incorporators without shareholder action and sharehol action was not required.	der
Dated 9/16/15	
Signature	
Signature  (By a director, president or other officer – if directors or officers have no	t been
selected, by an incorporator - if in the hands of a receiver, trustee, or oth	
appointed fiduciary by that fiduciary)	
Amber Johnson	
(Typed or printed name of person signing)	
President	
(Title of person signing)	

## STOCK POWER SEPARATE FROM CERTIFICATE

For value received, Gregory W. Schultz, Jr., hereby transfers, conveys and assigns unto Amber Johnson, all of the right, title and interest in and to all common capital stock of Vitruvian Health Corporation, a Florida corporation (the "Corporation") standing in the name of Gregory W. Schultz, Jr. on the books of said Corporation, consisting of One Hundred and 00/100 (100) Shares of the Class A Common Capital Stock of the Corporation as evidenced by Stock Certificate No. 1, and Twenty and 00/100 (20) Shares of the Class A Common Capital Stock of the Corporation as evidenced by Stock Certificate No. 4, and does hereby irrevocably constitute and appoint said Amber Johnson to transfer the said stock on the books of said Corporation with full power of substitution in the premises.

Gregory W. Schultz, Jr.

Date:

7.22.15

In presence of

## **RESIGNATION**

The undersigned, Gregory W. Schultz, Jr., hereby resigns from all offices and positions held by said Gregory W. Schultz, Jr., in Vitruvian Health Corporation, a Florida corporation (the "Corporation"), including but not limited to the position of Director of said Corporation and the offices of Vice President and Secretary. The resignations represented by this document are effective immediately.

Gregory W. Schultz, Jr.

Date: 722.15