P10000080887

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SCARETARY OF STATE



COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: HCQ1T	n resources consultants,] [
DOCUMENT NUMBER: Y 1000	J00807	
The enclosed Articles of Amendment and fee ar	re submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
Lance Health Res 1169 Eas Ovaper, L	Name of Contact Person SCUTCLS (CNSUITANTS, INC. Firm/ Company + SUNSET PUNCS WAY Address JTAN 84020 City/ State and Zip Code	
E-mail address: (to b	be used for future annual report notification)	
For further information concerning this matter, p	please call:	
Lance Mays Name of Contact Person	at (916) 613-3454 Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount m	ade payable to the Florida Department of State:	
\$35 Filing Fee		
Mailing Address	Street Address	

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation

in these or man because
1 111 O
Health Resources Consultant Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)
P1000080887
(Document Number of Corporation (if known)

ent(s) to

Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	lorida Profit Corporation add	pts the following amendme
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "F	o". A professional corporati	ated" or the abbreviation ion name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ss in Florida, enter the name	of the
Name of New Registered Agent	······································	
(Florida stree	et address)	
New Registered Office Address:		Florida
K	City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations	of the position. 🖐 🛶
		The contract of the contract o
Signature of New Reg	gistered Agent, if changing	<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.

	emove, and Sally Smith, SV as an Ada.	
Example: X Change	PT John Doe	
X Remove	V Mike Jones	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
Change Add Remove	+ secretary Klein	BOCA RATERIFL 33431
2) Change	secretary Harlan Miller	213465t Andrews BIVD # 193
Remove		Bara Paton, Pt 3343
3) Change		
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		·
Add		
Remove		
6) Change		
Add		
Remove		

f 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)	amending or adding additional Articutach additional sheets, if necessary).	(Be specific)
provisions for implementing the amendment if not contained in the amendment itself:		
provisions for implementing the amendment if not contained in the amendment itself:		
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provisions for implementing the amendment if not contained in the amendment itself:		
provisions for implementing the amendment if not contained in the amendment itself:		
	<u>provisions for implementing the ame</u>	nange, reclassification, or cancellation of issued shares, indment if not contained in the amendment itself:
		<u></u>

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
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, this date w document's effective date on the Department of State's records.	ill 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 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)	
(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 3/30/2016	•
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)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	·
President	
(Title of person signing)	,"" *