P10000085953

(Re	questor's Name)			
(Address)				
(Ad	dress)			
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
	····			

Office Use Only



600269141136

02/18/15--01015--004 **35.00

15 FEB 18 PH 2: 04
SECRETARY OF STATE
FALLAHASSES, STORM

(RM 2-19-15

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Global Healthcare Resources Inc. DOCUMENT NUMBER: P10000085953 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Renee-Marie Stephano Name of Contact Person Global Healthcare Resources Inc. Firm/ Company 4371 Northlake Blvd., Suite 304 Palm Beach Gardens, FL 33410 City/ State and Zip Code advisor@globalhealthcareresources.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Renee-Marie Stephano Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) **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 Am to Articles of Inco of	≥			
Talonal Beallineare Recollress inc				
(Name of Corporation as currently filed with the Florida Dept. of State)				
P10000085953				
(Document Number of Corporation (if known)				
Pursuant to the provisions of section 607.1006, Florida Statutes, this Fitis Articles of Incorporation:	lorida Profit Corporation adopts the following 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, "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Coword "chartered," "professional association," or the abbreviation "P. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	o". A professional corporation name must contain the			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Palm Beach Gardens, FL 33410 4371 Northlake Blvd. Suite 304			
•	Palm Beach Gardens, FL 33410			
D. If amending the registered agent and/or registered office address: Name of New Registered Agent 4371 Northlake Blv (Florida stree	vd., Suite 304			
New Registered Office Address: Palm-Beach G	ardnes , Florida 33410			
(City)	, Florida (Zip Code)			
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	th and accept the obligations of the position.			
Signature of New Registered Ag	gent, 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 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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Р	Leonard Cook	2011 NW. 79 AV
Add			SJO 6767
Remove			Miami, FL 33122
2) Change	PS	Renee-Marie Stephano	4371 Northlake Blvd. Suite
Add			Suite 304
Remove			Palm Beach Gardnes, FL33
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti- Attach additional sheets, if necessary).	(Be specific)
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:

The date of each amendment(s) adoption: 2/1/3/2015	_, if other than the
date this document was signed	
Effective date if applicable: 2/13/2015	_
(no more than 90 days after amendment file date)	
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 east for the amendment(s) was/were sufficient for approval	
by Lewis Att "	
(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 2/13/2015	
Signature Lewen Signature	_
(By a director, president or other officer - if directors of officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
Renee-Marie Stephano	
(Typed or printed name of person signing)	_
President	
(Title of person signing)	