P100000 84505

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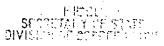
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COVER LETTER

TO: Amendment Section Division of Corporations HealthSciences Institute, Inc. NAME OF CORPORATION: P10000086505 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Michael Heath (Name of Contact Person) Law Offices of Michael J. Heath, PA (Firm/ Company) 167 108th Avenue (Address) Treasure Island, FL 33706. (City/ State and Zip Code) blakeandersen@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Michael Heath 360-2771 727 (Name of Contact Person) (Area Code) (Daytime Telephone Number) 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 Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) Mailing Address **Street Address** Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



HEALTHSCIENCES INSTITUTE, INC	,	45 00T 20 DU L 50
(Name o	of Corporation as currently filed with the	e Florida Dept. of State
p10000086505	•	
	(Document Number of Corporation (i	if known)
	1006 771 11 0	
rursuant to the provisions of section 60% as Articles of Incorporation:	1006, Florida Statutes, this <i>Florida Profit</i>	Corporation adopts the following amendment(s) t
a. If amending name, enter the new na	ame of the corporation:	
		The new
	nation "Corp," "Inc," or "Co". A profes	The new " or "incorporated" or the abbreviation ssional corporation name must contain the
3. Enter new principal office address, Principal office address <u>MUST BE A S</u>	if applicable: TREET ADDRESS)	.
	, . <u></u>	
C. Enter new mailing address, if appli		
(Mailing address MAY BE A POST	<u>UFFICE BOX</u>)	
	d/or registered office address in Florida,	, enter the name of the
new registered agent and/or the new		
Name of New Registered Agent	BLAKE ANDERSON	
	4905 34TH STREET S #5300	
·	(Florida street address)	
New Registered Office Address:	ST. PETERSBURG	. Florida 33711
<u>new Registerea Office Address</u> .	(City)	, Florida (Zip Code)
	, 27	
New Registered Agent's Signature, if c	hanging Registered Agent:	
hereby accept the appointment as regist	ered agent. I am familiar with and accept	the obligations of the position.
	Л	
	1111	
	Signature of New Registered Agen	t, 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 X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Si	ones		
Type of Action (Check One)	Title		Name	<u>Addres</u> s	
l) Change	S	, 	VANESA CASCINO	4905 34TH STREET S.	
Add				SUITE 5300	
X Remove				ST. PETERSBURG, FL 33711	
2) Change	S	_	BLAKE ANDERSEN	4905 34TH STREET S.	
X Add		٠.		SUITE 5300	
Remove		•		ST. PETERSBURG, FL 33711	
3) Change					
Add					
Remove					
4) Change	· ·	.			
Add		•	•		
Remove					
5) Change		- .			
Add				· · · · · · · · · · · · · · · · · · ·	
Remove		· · · .		· 	· ,
6) Change		_			
Add					
Remove					

E. If amending or adding additional Ar (Attach additional sheets, if necessary).	(Be specific)				
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F. If an amendment provides for an exc provisions for implementing the am	hange, reclassificat	ion, or cancella	ition of issued shar	res,	
(if not applicable, indicate N/A)	chament it not cont	anica in the an	ionament tisen,		
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
Effective date if applicable:	SECRETALLY DE ST. Form
(no more than 90 days after amendment file date)	DIVIS 18 F. C. T. C. 175
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, t document's effective date on the Department of State's records.	his 15 OCT 22 pp 14 1; 53 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.	ment(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 share action was not required. □ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder. 	
action was not required.	
Dated Dated	·
Dated	
(By a director, president or other officer – if directors or officers have not selected, by an incorporator – if in the hands of a receiver, trustee, or othe appointed fiduciary by that fiduciary)	
BLAKE ANDERSON	
(Typed or printed name of person signing)	
DIRECTOR/PRESIDENT	
(Title of person signing)	