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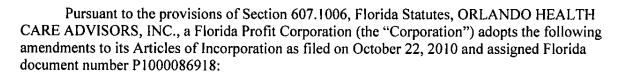
NAME OF CORPO	PRATION: OF	RLANDO HEALTH CARE ADVISORS, INC.	
DOCUMENT NUMBER:		P10000086918	
The enclosed Article	s of Amendment and	fee are submitted for filing.	
Please return all corr	espondence concern	ng this matter to the following:	
		Nora H. Miller, Esq.	
		Name of Contact Person	
	F	Railey, Harding & Allen, P.A.	
		Firm/ Company	
		15 N. Eola Drive	
		Address	
		Orlando, Florida 32801	
_		City/ State and Zip Code	
	E-mail address: (to	iller@raileyharding.com be used for future annual report notification)	
For further informat	ion concerning this n	natter, please call:	
	Nora Miller	at (* 407) 648-9119	
Name of Contact Person		Area Code & Daytime Telephone Number	
Enclosed is a check	for the following am	ount made payable to the Florida Department of State:	
☑ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Statu		tus
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

NAME CHANGE AMENDMENT TO ARTICLES OF INCORPORATION OF

FILED PHIZ. 40

ORLANDO HEALTH CARE ADVISORS, INC. CHANGING NAME TO CASON COVE HEALTH CARE ADVISORS, INC.



Article I of the Articles of Incorporation is hereby deleted in its entirety and replaced as follows:

ARTICLE I - Name

The name of the corporation is:

CASON COVE HEALTH CARE ADVISORS, INC.

This amendment was adopted by the shareholders. The number of votes cast for the amendment was sufficient for approval.

Dated: 12/15/10

Shelby T. Parker, President