Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000178090 3)))



H140001780903ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

· To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : LAMARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

Phone : (305) 552-5973

JUL 29 2014

Fax Number : (305) 675-5944

R. WHITE the email address for this business entity to be used for future annual report mailings. Enter only one email address please; **

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN WELLCARE CLINIC INC

Certificate of Status 0 Certified Copy 0 Page Count 02 \$35.00 Estimated Charge

Help

H14000178090

Articles of Amendment

to

Articles of Incorporation

14 JUL 28 # 8:41

of
WELLCARE CLINIC INC .A.LAH HEL BA
Florida Document Number: P10000092074
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:
change registered agent to:
LINA M. GAVIRIA
These articles of amendment were adopted on $\frac{7-28-14}{}$.
The corporation has only one group of voting stock. This amendment was approved by the shareholders and the number of votes cast for amendment was sufficient for approval.
14a Chu
Lina M. Gaviria (P) Printed Name and Title
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 position.
Signature of New Registered Agent, if changing