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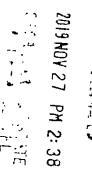
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COVER LETTER

TO: Amendment Section Division of Corpor		•		
NAME OF CORPOR	ATION:S & B	b Health S	ervices, Inc	
DOCUMENT NUMB	er: <u> </u>	000083	/6	
	f Amendment and fee are su			
Please return all corresp	ondence concerning this ma	tter to the following:		
	Ja	son McEl	hinny	
_	5 6	Name of Contact Perso B Health	services, Inc	
-	5)	Firm/Company	Services, Inc Mary Blud Su 32773	1.40 2\$4
_	Sa	160-Jacress	3773	x ()
		City/ Stake and Zip Cod	le	
	JAM	836836 P 91 sed for future annual report	nail, con	
	E-mail address: (to be u	sed for future annual report	inotification)	
For further information	concerning this matter, plea	se call:		
Jason Name of	McElhinny f Contact Person	at (<u>40</u>) Area Co	de & Daytime Telephone Number	,) -
	the following amount made			
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Maili	ing Address	Street	Address	

Street Address

Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

Articles of Amendment

Articles of Incorporation of

5 'E B Health	Services , Inc
(Name of Corporation as currently	filed with the Florida Dept. of State)
P1100000	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Horida 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," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N
,	
	5 mil
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
	· · · · · · · · · · · · · · · · · · ·

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

Mixe Scale + Ta

6 2 50 Hedge Spallows Lane

(Florida street address)

New Registered Office Address:

Sanfora

(City)

Florida 32 77

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, 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> <u>Johr</u>	1 <u>Doc</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
_ <u>X</u> Add		<u>y Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	CEO	Mike Scaletta	6250 Hedgespallon Santad, Fl 32771
X Add			Sanford, Fl 32771
Remove			·
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			
		Page 2 of 4	
E. If amending or add (Attach additional sa	ling additional inheets, if necessar	Articles, enter change(s) here: y). (Be specific)	

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F. If an amendment provides for an excharge provisions for implementing the amend (if not applicable, indicate N/A)	dment if not contained in the amends	nent itself:
		-
		
		
	Page 3 of 4	
	Company of the Company	
The date of and committee at A. J C.		if when then
The date of each amendment(s) adoption: added this document was signed.		, if other than
	11/20/2019	
Effective date if applicable:	(m. marga from 00 days artisms amount	ment file date)
	—— (ub more runn so un'is alier amena	ment fre units

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were as by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	ast for the amendment(s) was/were sufficient for approval	
by	"	
•	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
Dated	11/20/2019 Jan M	
Signature	Non N	
(By a select	director, president or other officer – if directors or officers have not been seed, by an incorporator – if in the hands of a receiver, trustee, or other court some fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	Director	
	(Title of person signing)	