P110000009812

(Re	questor's Name)	<u> </u>
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phon	e #)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: REMEDEXUSA C	CONSULTING, INC.	
DOCUMENT NUM	BER: P11000009812		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	AMIO DAS		
		Name of Contact Person	
	DAZMED CONSULTING,	NC	
	——————————————————————————————————————	· ···	
•		Firm/ Company	
	508 NW 77TH STREET		
		Address	
	BOCA RATON, FL 33487		
		City/ State and Zip Code	
		ony, state and stip code	•
AMI	07@ҮАНОО.СОМ		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
	71		
AMIO DAS		at (<u>561</u>	733-1100
Name	of Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	rtment 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)
			is chelosed)
Mailing Address		Street	<u>Address</u>
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

REMEDEXUSA CONSULTING, INC.

REVIEDEAUSA CONSOLTINO, INC.	
(Name of Corporation as curren	ntly filed with the Florida Dept. of State)
P11000009812	
(Document Number	r of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, th its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
DAZMED CONSULTING, INC.	The control
name must be distinguishable and contain the word "corporal "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	r "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	N/A
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable:	4
(Mailing address MAY BE A POST OFFICE BOX)	N/A " ro
D. If amending the registered agent and/or registered office ad	ddress in Florida, enter the name of the
new registered agent and/or the new registered office addre	
Name of New Registered Agent N/A	
(Florida	street address)
N/A	
New Registered Office Address:	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	
Signature of Nev	w 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 <math>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 De	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	Title		Name	Address
1) Change		_		· · · · · · · · · · · · · · · · · · ·
Add				
Remove				
2) Change				
Add		_		
Remove				
3) Change				
Add		_		
Remove				
0				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add		_		
Add				

E. If amending or adding additional Arti	cles, enter change(s) here:
(Attach additional sheets, if necessary).	(Be specific)
N/A	
· · · · · · · · · · · · · · · · · · ·	
F. If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	
	
	
	

The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date we document's effective date on the Department of State's records.	vill not be listed as the
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 cast for the amendment(s) was/were sufficient for approval	
by	
■ 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 May 27, 2016	
Signature Authors	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
AMIO DAS	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	