P1100000000979

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TG: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: QIVANA HEAL	TH INC.	
	BER: P11000020979		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	James B Graham		
		Name of Contact Person	1
	Qivana Health Inc.		
		Firm/ Company	
	6265 NE 61st Ave Rd		
		Address	
	Silver Springs/ Florida	34488	
	<u></u>	City/ State and Zip Cod	e
giva	nahealthinc@gmail.com	m	
41	E-mail address: (to be us	ed for future annual report	notification)
	n concerning this matter, pleas		000 1055
James B Grahar		at (352	369-1855
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment

	to
\mathbf{A}	rticles of Incorporation
	of

Ar	ticles of Amendment		
Arti	to icles of Incorporation		17.
	of		2010
QIVANA HEALTH INC.			* 12 AUG -
(Name of Corporation as currently filed	with the Florida Dept. of Sta	ite)	BUSCHER & AMILE
211000020979			ZOIZAUG Z AMP
(Document Number of Cor	poration (if known)		T. M.
tursuant to the provisions of section 607.1006, Florida States Articles of Incorporation:	atutes, this Florida Profit Corp	poration adopts t	he following amendment(
A. If amending name, enter the new name of the corpo	<u>ration:</u>		
N/A			The new
name must be distinguishable and contain the word " "Corp.," "Inc.," or Co.," or the designation "Corp," " word "chartered," "professional association," or the abb	Inc," or "Co". A profession reviation "P.A."	r incorporated ial corporation i	or the appreviation name must contain the
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRE</u>	N/A		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u>N/A</u>		
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi		ter the name of t	the
Name of New Registered Agent N/A			
	(Florida street address)		
· ·			
New Registered Office Address:	(City)	, Florida	r C L)

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.

X Change	<u>PT</u>	John De	<u>oe</u>	
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Si	mith .	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	PTSD)_	James B Graham	6265 NE 61st Ave Rd
Add				Silver Springs, FL. 34488
X Remove				USA
2) Change	PTSD	<u>) </u>	Shawn Marie Graham	6265 NE 61st Ave Rd
X Add				Silver Springs, FL. 34488
Remove				USA
3) Change		_		
Add				
Remove				
4) Change	•	_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		· · · · · · · · · · · · · · · · · · ·
Add				
Remove			•	

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
I/A	
	
•	
	. <u> </u>
	-
. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
N/A	

The date of each amendmen	t(s) adoption: 07/30/2012
Effective date if applicable:	08/01/2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):
"The number of vote	s cast for the amendment(s) was/were sufficient for approval
by	(voting group)
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated 07/3	0/2012
Signature	fam If
(1	By a director, president or other officer - if directors or officers have not been
	elected, by an incorporator – if in the hands of a receiver, trustee, or other court
' a : /	ppointed fiduciary by that fiduciary)
V	James B Graham
	(Typed or printed name of person signing)
	PTSD
	(Title of person signing)