Division of Corporations

P12000034713

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-0821
Fax Number : (850)558-1515

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

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COR AMND/RESTATE/CORRECT OR O/D RESIGN
FLORIDA HEALTH MANAGEMENT SERVICES, INC.

Certificate of Status	0
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DEC 04 2012
T. ROBERTS

Articles of Amendment
to
Articles of Incorporation
of

FLORIDA HEALTH MANAGEMENT SERVICES, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P12000034713

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this ***Florida Profit Corporation*** adopts the following amendment(s) to its Articles of Incorporation:

A. **If amending name, enter the new name of the corporation:**

_____ *The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

B. **Enter new principal office address, if applicable:**
(Principal office address MUST BE A STREET ADDRESS)

C. **Enter new mailing address, if applicable:**
(Mailing address MAY BE A POST OFFICE BOX)

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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 Alejandro Castillo

172 Florida Ave. Cat. Bch. Fl 32937
(Florida street address)

New Registered Office Address: N/A, Florida
(City) *(Zip Code)*

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.

Alejandro Castillo
Signature of New Registered Agent, if changing

State of Florida County of Brevard
On this 24 day of August 12
before me, the undersigned notary public, personally appeared
Alejandro Castillo
personally known to me or who has produced Fl Drivers License
as identification, and who executed the foregoing instrument and acknowledged to me that he/she signed the instrument for the purposes therein expressed.
Francis M. Reid
Francis M. Reid, Notary Public
My Commission Expires March 14, 2015

FRANCIS M. REID
MY COMMISSION # EE 073750
EXPIRES: March 14, 2015
Bonded Thru Budget Notary Services

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	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ____ Change	D	ALEJANDRO CASTILLO	172 SHERIDAN AVE
X Add			SATELLITE BEACH FL 32937
____ Remove			
2) ____ Change			
____ Add			
____ Remove			
3) ____ Change			
____ Add			
____ Remove			
4) ____ Change			
____ Add			
____ Remove			
5) ____ Change			
____ Add			
____ Remove			
6) ____ Change			
____ Add			
____ Remove			

E. If amending or adding additional Articles, enter change(s) here:
(Attach *additional sheets, if necessary*). *(Be specific)*

N/A

F. 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 amendment(s) adoption: 8/24/12

Effective date if applicable: 8/24/12
(no more than 90 days after amendment file date)

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 _____."
(voting group)

☐ 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 8-24-12

Signature _____
(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)

Carl Nicks Alejandro Castillo
(Typed or printed name of person signing)

Director Director
(Title of person signing)

State of Florida County of Brevard
On this 24 day of August 20 12 Carl Nicks FAR
before me, the undersigned notary public, personally appeared
Carlos Alejandro Castillo
proved to me through satisfactory evidence of identification, which was Driver's License
to be the person whose name is signed on the preceding or attached document and
acknowledged to me that he/she signed it voluntarily for its stated purpose.
Francis M. Reid
FRANCIS M. REID, Notary Public
My Commission Expires March 14, 2015

NOTARY PUBLIC STATE OF FLORIDA
FRANCIS M. REID
MY COMMISSION # EE 073750
EXPIRES: March 14, 2015
Bonded Thru Budget Notary Services