P12-000058612

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SECRETARY OF STATE
TALL ANALSSEE, FLORID.

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: NIGHTINGALE VIRTUAL HEALTH INC DOCUMENT NUMBER: P12000058612						
The enclosed Articles of	f Amendment and fee are su	ibmitted for filing.				
Please return all corresp	ondence concerning this ma	tter to the following:				
_	YVONNE SUE S	TUTZKE				
	Name of Contact Person					
NIGHTINGALE OPTIONS, INC.						
Firm/ Company						
8134 SE FEDERAL HIGHWAY						
Address						
}	HOBE SOUND, I	FL 33455				
-	City/ State and Zip Code					
sbiemann@outlook.com						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
YVONNE SUE	STUTZKE	at (772				
Name of Contact Person		Area Co	de & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department 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)			
Mailing Address Amendment Section			Address Iment Section			

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation**

FILED

NIGHTINGALE VIRTUAL HEALTH INC.

14 FEB -6 PM II: 21

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

P12000058612

SECRETARY OF STATE TALLAHASSEE, FLORIDA

(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

GHTINGALE OPTIONS, INC.	The n		
e must be distinguishable and contain the word "corpord rp.," "Inc.," or Co.," or the designation "Corp," "Inc," o d "chartered," "professional association," or the abbreviatio	or "Co". A professional corporation name must contain t		
Enter new principal office address, if applicable:	8134 SE FEDERAL HIGHWAY		
ncipal office address <u>MUST BE A STREET ADDRESS</u>)	HOBE SOUND, FL 33455		
Enter new mailing address, if applicable:	8134 SE FEDERAL HIGHWAY		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	HOBE SOUND, FL 33455		
(Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office and the registered agent and the registered office and the new registered office address registered address registered address registered office address registered office address registered address registered registered registered address registered register	HOBE SOUND, FL 33455		
(Mailing address <u>MAY BE A POST OFFICE BOX)</u> f amending the registered agent and/or registered office a	HOBE SOUND, FL 33455		
Mailing address MAY BE A POST OFFICE BOX) f amending the registered agent and/or registered office a new registered agent and/or the new registered office address Name of New Registered Agent	HOBE SOUND, FL 33455		
Mailing address MAY BE A POST OFFICE BOX) f amending the registered agent and/or registered office and rew registered agent and/or the new registered office address of New Registered Agent (Florida New Registered Office Address:	HOBE SOUND, FL 33455 ddress in Florida, enter the name of the ress:		

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>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	<u>nes</u>	
_X Add	<u>sv</u>	Sally Sm	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
I) Change		_		
Add Remove				
2) Change		_		
Add				
Remove 3) Change				
Add				
Remove				
4) Change		_		
Add Remove				
5) Change		_		
Add				·
Remove				
6) Change		_		
Remove			•	

If amending or adding additional Art (Attach additional sheets, if necessary).	(Be specific)
/A	
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
A	

The date of each amendment(s) add date this document was signed.	loption:	, if other than th
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were sur	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statement 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 ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated	2/3/14	
Signature	rome Sue Stutche	_
	rector, president or other officer – if directors of officers have not been	
appoint	l, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	YVONNE S. STUTZKE	
-	(Typed or printed name of person signing)	
	PSTD	
-	(Title of person signing)	_

FILED

14 FEB -6 PM II: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA