P12000677492

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SECRETARY OF STATE



COVER LETTER

Division of Corporations NAME OF CORPORATION: America's Health Group Inc P1000077492 DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: lessinger and Associates Messingercoa@gnail.com
E-mail address: (to be used for future angual report notification) For further information concerning this matter, please call: at (954) 895-7909 Area Code & 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 & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed)

Mailing Address

TO: Amendment Section

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

Street Address

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

Articles of Amendment to Articles of Incorporation of

America's Health Grouping
(Name of Corporation as currently filed with the Florida Dept. of State)
P12000077492
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to ts 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)
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 Jason Price
2310 E Atlantic Blvd Ste 202 Panpano Beach, FL (Florida street address)
0 1 1
New Registered Office Address: . UMUNO BENCH Plorida 570 hd (City) . Florida 570 hd
(Chy) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:
hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
Book And
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	PT Jo	ohn Doe	
X Remove	<u>V</u> <u>M</u>	<u> Aike Jones</u>	
X Add	<u>sv</u> <u>sa</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	P	Corey Shader	2310 Efflantic Blvd
Add Remove		, the second sec	Ste 202 Pompano Beach, FL 33062
2) Change	<u>q</u>	Jason Price	2310 & Atlantic Blvd Ste 202
Remove			Pempano Beach, FL 33062
3) Change Add			
Remove			
4) Change Add			
Remove			·
5) Change			
Add			
6) Change			
Add			
Damaua			

ttach additional sheets, if necessary).	. (Be specific)	
* * -		
an amendment provides for an exc	change, reclassification, or cancellation of issued shares,	
rovisions for implementing the am	nendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	1	
shares sur	rendered	
	· .	
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> : (no more than 90 days after amendment file date)	
(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 document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
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 statemen must be separately provided for each voting group entitled to vote separately on the amendment(s):	t
"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 5 2-8 15	
Dated 5 2-8 15 Signature Aug 1	
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)	
Typed or printed name of person signing)	
(Typed or printed name of person signing)	
(Title of person signing)	
(Title of person signing)	· · · · · · · · · · · · · · · · · · ·