

P130000001343

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
SEP 17 2013
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MEDICAL HEALTH MEDIA, INC

DOCUMENT NUMBER: P13000001343

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Contact Person

Firm/ Company

8181 NW SANTA RIVER DRIVE ^{LOT #D-434}

Address

MEDLEY, FL 33166

City/ State and Zip Code

Jocely1436@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOCELYN RODRIGUEZ

Name of Contact Person

at (305) 200-7880

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 &
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
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

FILED

MEDICAL HEALTH MEDIA, INC.

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

SEP -9 AM 10:54

P13000001343

(Document Number of Corporation (if known))

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

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

JOCELYN RODRIGUEZ

8181 NW SOUTH RIVER DRIVE W-434

(Florida street address)

New Registered Office Address:

MEDLEY

, Florida

33166

(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.

Joelyn Rodriguez

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:

☒ Change PT John Doe
☒ Remove V Mike Jones
☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	P	ABRAHAM JACOB	500 N. VALLEY PKWY #108 LEWISVILLE, TX 75067
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	VP	PHOENIX RISING MNG, INC	1900 S. TREASURE DRIVE MIAMI, FL 33141
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	PT VP	JOCELYN RODRIGUEZ	8181 NW S. RIVER DR. LOT #D-434 MEDLEY, FL 33166
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	S	VANESSA NARANJO	3612 EAST 6TH AVE. MIAMI, FL 33013
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

[illegible]

The date of each amendment(s) adoption: _____
date this document was signed.

Other than the

Effective date if applicable _____
(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 AUGUST 9th 2013

Signature _____
(By a director, president or other officer if directors or officers have not been selected, by an incorporator, or if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

ABRAHAM JACOB
(Typed or printed name of person signing)

INCORPORATOR
(Title of person signing)

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

FILED

Effective date if applicable: _____
(no more than 90 days after amendment file date) SEP -9 AM 10: 54

Adoption of Amendment(s) (CHECK ONE)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Dated AUGUST 9th 2013

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(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)

ABRAHAM JACOB

(Typed or printed name of person signing)

INCORPORATOR

(Title of person signing)