P13000091590

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	,
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	, <u></u>
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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Amend/Rame 1026/14

COVER LETTER

TO: Amendment Section Division of Corporations	•				
NAME OF CORPORATION: Voyager Healt	h, Inc.				
DOCUMENT NUMBER: P13000091590					
The enclosed Articles of Amendment and fee are submitted	ed for filing.				
Please return all correspondence concerning this matter to	the following:				
Alex Eliashevsky					
Na	me of Contact Person				
	Firm/ Company				
837 Fifth Ave. S., Su					
Nonlog El 24102	Address				
Naples, FL 34102	y/ State and Zip Code				
Eliashevsky@gmail.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Scott W. Duval	_{at (} 239) 992-6578				
Name of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:					
Certificate of Status C	43.75 Filing Fee & Status ertified Copy additional copy is nclosed) \$\square{1}\$\$ \$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

Voyager Health, Inc.		
(Name of Corporation as currently filed with the P13000091590	Florida Dept. of State)	
(Document Number of Corporation (if known)	
•		
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amer	
A. If amending name, enter the new name of the corporation:		
Vfinity, Inc.	The	
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbrevion". A professional corporation name must contain	
B. Enter new principal office address, if applicable:	837 Fifth Ave. S.	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Suite 200	
	Naples, FL 34102	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	837 Fifth Ave. S.	
	Suite 200	
	Naples, FL 34102	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres		
Name of New Registered Agent		
(Florida st	reet address)	
New Registered Office Address:	, Florida	
(City,	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar		
Signature of New Registered	Agant if abanaina	

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 Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add		_		
Remove				
				·····
6) Change	-	_		
Add				
Remove				

Attach additional sheets, if necessary).	(Be specific)				
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f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassificand	ation, or can	cellation of e amendme	issued sha ent itself:	res.
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The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	
(no more than 90 days after amenament 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 snareholders 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"	
(voling 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 February 13, 2014	
Signature Xex 244	
(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)	
Alex Eliashevsky	
(Typed or printed name of person signing)	
Vice President	
(Title of person signing)	