# P14000012201

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### COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA  DOCUMENT NUMBI	ATION: CONTINE ER: P1400001226	NTAL HEALTHY	CENTER INC		
	f Amendment and fee are su				
Please return all corresp	ondence concerning this ma	tter to the following:			
		YU Y XU			
-		Name of Contact Person	1		
	CONTINENTAL HEALTHY CENTER INC				
_		Firm/ Company			
_	3561 N FEDERAL HIGHWAY				
	Address				
	ВО	CA RATON, FL	33432		
_		City/ State and Zip Cod	e		
	steve	echou.cpa@outl	ook.com		
<del></del>	E-mail address: (to be us	ed for future annual report	notification)		
For further information concerning this matter, please call:					
Yu Y Xu		at (	533-3335		
Name of	Contact Person		de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)		
<u>Mailii</u>	ng Address	Street	Address		
Amendment Section			ment Section		
Division of Corporations		Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle			
i aitaila3500, FL 32314		Tallahassee, FL 32301			

# **Articles of Amendment** Articles of Incorporation

### CONTINENTAL HEALTHY CENTER INC.

# (Name of Corporation as currently filed with the Florida Dept. of State) P14000012267 (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: N/A 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." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (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 (Florida street 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 with and accept the obligations of the position.

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	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	VP		YU P FEI	2510 SW 81 AVENUE
Add				106
Remove				DAVIE, FL 33324
2) Change		_		
Add				
Remove				
3) Change	<del></del>	<del></del>		
Add				
Remove				
4) Change	<del></del> -	_		
Add				
Remove				
5) Change	<del></del>	<del></del>		
Add				
Remove				
6) Change		_		
Add				
Remove				

If amending or adding additional Article (Attach additional sheets, if necessary).	(Be specific)	
/A		
<del></del>		
<del></del>		
		<del></del>
		<del></del>
If an amendment provides for an excha	nange, reclassification, or cancellation of issued shares, and and itself:	
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:	
(y nor approauto, materic (v11) /A		
- <del></del>	<del></del>	

	, if other than the
date this document was signed.	
Effective date if applicable: JULY 1st, 2014	
(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 JULY 1st, 2014	
Signature Mul	
(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)	
YU Y XU	
(Typed or printed name of person signing)	<b></b>
PRESIDENT	
(Title of person signing)	<del></del>