714000049631

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





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SEP 1 1 2014 C. CARROTHERS



September 10, 2014

CORPORATION SERVICE COMPANY

SUBJECT: NATIONWIDE HEALTH SOLUTIONS, INC.

Ref. Number: P14000049631

We have received your document for NATIONWIDE HEALTH SOLUTIONS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 014A00019329

Cathy A Carrothers Regulatory Specialist

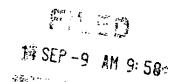
www.sunbiz.org

Division of Comparations D.O. POV 6297 Tellahassas Florida 2921



ON SERVICE COMPANY					
ACCOUNT NO.	: I2000000195				
REFERENCE	: 288968 7986366				
AUTHORIZATION	: Lovelle Re				
COST LIMIT	: \$ (3/5.00				
ORDER DATE : September 8, 2014					
ORDER TIME : 8:47 AM					
ORDER NO. : 288968-005					
CUSTOMER NO: 7986366					
NAME: NATIONWIDE HEA	ENDMENT FILING				
EFFECTIVE DATE:					
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION					
PLEASE RETURN THE FOLLOWING AS	PROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STA	NDING				
CONTACT PERSON: Courtney Willi	ams EXT# 62935				
	EXAMINER'S INITIALS:				

Articles of Amendment Articles of Incorporation



NATIONWIDE HEALTH SOLUTIONS, INC.

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

ent(s) to

P14000049631			A TEMPLE
(Document Number	of Corporation (if known)	<u> </u>	
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	rida Statutes, this <i>Florida Pro</i>	ofit Corporation adopts the	following amendme
A. If amending name, enter the new name of the	corporation:		
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or t	orp," "Inc," or "Co". A pr		
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A.			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) D. If amending the registered agent and/or registered registered agent and/or the new registered agent.	stered office address in Flor	ida, enter the name of the	
Name of New Registered Agent	,,,		
	(Florida street address)		
New Registered Office Address:		, Florida	
	(City)	(Zip t	Code)
New Registered Agent's Signature, if changing F I hereby accept the appointment as registered agen		cept the obligations of the p	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 P	•	John Doe	
\underline{X} Remove \underline{V}		Mike Jones	
<u>X</u> Add <u>S</u> Y		Sally Smith	
Type of Action (Check One)	itle	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			•
6) Change _			
Remove			

E. <u>If ame</u> (Attacl	ending or adding additional Articles, enter change(s) here: a additional sheets, if necessary). (Be specific)
	IV is amended as stated: The number of shares the corporation
is issu	ed to authorize is 1,000.
··· ·- ·- ·	
·	
 -	
•	
prov	amendment provides for an exchange, reclassification, or cancellation of issued shares, isions for implementing the amendment if not contained in the amendment itself: if not applicable, indicate N/A)
	

9/05/2014	
The date of each amendment(s) adoption: 1/ date this document was signed.	, if 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	
Signature By a chrector, 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)	
Title of person signing)	