## P14000070208

(Re	equestor's Name)					
(Address)						
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(Ci	ty/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates	s of Status				
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

July 17, 2015

John R. Frye Mobile Health Systems, Inc. 5602 Marquesas Circle, Suite 214 Sarasota, FL 34233

SUBJECT: MOBILE HEALTH SYSTEMS, INC

Ref. Number: P14000070208

We have received your document for MOBILE HEALTH SYSTEMS, INC and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$10.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The form you submitted is for a Florida limited liability company, but your entity is a Florida profit corporation. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Annette Ramsey Regulatory Specialist II

Letter Number: 815A00015072



## Articles of Amendment to Articles of Incorporation of

FILED

2015 JUL 29 PM 3: 07 Mobile Health Systems, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) A UF STATE OR TALENHASSEE. P14000070208 (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: 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." 5602 Marquesas Cir. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Suite 214 Sarasota, Florida 34233 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 5602 Marquesas Cir. #214 (Florida street address) Sarasota New Registered Office Address: Florida (City) 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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
4) Change			
Add			
Remove			
5) (1)			
5) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			<u></u>
6) Change			
Add			<del> </del>
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
provisions for implementing the ame	ange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself;
(if not applicable, indicate N/A)	

	In 11 A 1 1 1 1 1		10 a a a
The date of each amendment(s) ad date this document was signed.	option:		, if other than the
Effective date <u>if applicable</u> :			
	(no more t	than 90 days after amendment file date	)
Note: If the date inserted in this b document's effective date on the De		applicable statutory filing requirement	s, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders	s. The number of votes cast for the ame	endment(s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholder each voting group entitle	ers through voting groups. The followin led to vote separately on the amendmen	g statement 1t(s):
		as/were sufficient for approval	
by	(voting group)	"	
	(voting group)		
☐ The amendment(s) was/were ado action was not required.	pted by the board of dire	ectors without shareholder action and s	hareholder
☐ The amendment(s) was/were ado action was not required.	pted by the incorporator	rs without shareholder action and share	holder
Dated	7-45		
Signature	AR V	$\mathcal{M}$	
(By a di		er officer - if directors or officers have	
	l, by an incorporator – if ed fiduciary by that fidu	f in the hands of a receiver, trustee, or o	other court
	10 >		
	John K	inted name of person signing)	
	(Typed or pri	rinted name of person signing)	
	Vice	President	
	(	Title of person signing)	