P15000000 444

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ac | ldress) | |
| (Ac | ldress) | |
| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | ısiness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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JUN - 2 2016

C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR | ATION: PHO PLUS INC | | | |
|---------------------------|--|--|---|--|
| DOCUMENT NUMBI | | | | |
| The enclosed Articles o | f Amendment and fee are sul | bmitted for filing. | | |
| Please return all corresp | condence concerning this mat | ter to the following: | | |
| (| QUEENIE NGUYEN | | | |
| _ | | Name of Contact Persor | <u> </u> | |
| F | PHO PLUS INC | | | |
| _ | | Firm/ Company | | |
| 1 | 1404 DEL PRADO BLVD S STE 185 | | | |
| Address | | | | |
| (| CAPE CORAL FL 33990 | | | |
| _ | | City/ State and Zip Code | 2 | |
| | • | ed for future annual report | notification) | |
| For further information | concerning this matter, pleas | e call: | | |
| QUEENIE NGUYEN | | at (| 574-1117 | |
| Name of | Contact Person | Area Co | de & Daytime Telephone Number | |
| Enclosed is a check for | the following amount made p | payable to the Florida Depa | rtment 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) | |
| Amer Divis P.O. l | ing Address idment Section ion of Corporations Box 6327 nassee, FL 32314 | Amend Divisio Clifton 2661 E | Address ment Section on of Corporations Building xecutive Center Circle ussee, FL 32301 | |

Articles of Amendment to Articles of Incorporation of

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2016 MAY 31 AM 11: 48

| PHO PLUS INC | | | | |
|--|--------------------------------|-------------------------------|-----------------------------|----------------|
| (Name | of Corporation as currently | filed with the Florid: | a Dept. of State) | |
| P15000000444 | | | | |
| | (Document Number of | Corporation (if known) |) | |
| Pursuant to the provisions of section 607. its Articles of Incorporation: | 1006, Florida Statutes, this F | lorida Profit Corpora | tion adopts the following a | mendment(s) to |
| A. If amending name, enter the new na | ime of the corporation: | | | |
| N/A | | | au | he new |
| name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa | ation "Corp," "Inc," or "C | o". A professional c | ncorporated" or the abbi | reviation |
| B. Enter new principal office address, (Principal office address <u>MUST BE A S</u> | | | | |
| C. Enter new mailing address, if appli (Mailing address MAY BE A POST) | | | | |
| D. If amending the registered agent an new registered agent and/or the new | w registered office address: | ss in Florida, enter th | he name of the | |
| Name of New Registered Agent | QUEENIE NGUYEN | | | |
| | 1404 DEL PRADO BLVD | S STE 185 | | |
| | (Florida stree | et address) | 33990 | |
| New Registered Office Address: | (0 | City) | , Florida(Zip Cod | ie) |
| New Registered Agent's Signature, if c I hereby accept the appointment as regist | |) ith and accept the oblig | gations 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) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | P | NHUT TRAN | 1404 DEL PRADO BLVD S |
| Add | | | STE 185 |
| X Remove | | | CAPE CORAL FL 33990 |
| 2) Change | P | QUEENIE NGUYEN | 1404 DEL PRADO BLVD S |
| X Add | | | STE 185 |
| Remove | | | CAPE CORAL FL 33990 |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| (Attach additional sheets, if necessary). (Be specific) N/A | |
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| F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, | |
| provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) | |
| N/A | |
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| The date of each amendment(s) adoption: | SECRETARY OF STATION |
|---|--|
| date this document was signed. | SECRETARY OF STATE |
| Effective date if applicable: | |
| Effective date if applicable: (no more than 90 days after amendment) | ale della hat Si will |
| Note: If the date inserted in this block does not meet the applicable statutory filing requidocument's effective date on the Department of State's records. | airements, this date will not be listed as the |
| Adoption of Amendment(s) (CHECK ONE) | |
| ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval. | the amendment(s) |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote separately on the an | |
| "The number of votes east for the amendment(s) was/were sufficient for approval | |
| by | •• |
| by | |
| The amendment(s) was/were adopted by the board of directors without shareholder action was not required. | on and shareholder |
| ☐ The amendment(s) was/were adopted by the incorporators without shareholder action ar action was not required. | nd shareholder |
| 05/25/2016 Dated | |
| Signature Children | |
| (By a director, president or other officer – if directors or office | rs have not been |
| selected, by an incorporator – if in the hands of a receiver, trus | |
| appointed fiduciary by that fiduciary) | |
| QUEENIE NGUYEN | |
| (Typed or printed name of person signing) | |
| PRESIDENT | |
| (Title of person signing) | |