

Florida Department of State

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COR AMND/RESTATE/CORRECT OR O/D RESIGN CEDALIAN CARE SERVICES CONSULTANTS, INC.

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Articles of Amendment to Articles of Incorporation of

#IS NOV -6 AM IO: 23 SECRETARY OF STATE ALL AHASSECUTLORIDA

CEDALIAN CARE SERVICES CONSULTANTS, INC.

(Name of Corporation as currently filed with the Florida Dept. of State) P15000005724

A. If amending name, enter the new name of the corporation:

(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:

| CEDALION CARE SERVICES CONSULTANTS, INC. | The new |
|--|--|
| name must be distinguishable and contain the word "co "Corp.," "Inc.," or Co.," or the designation "Corp." "In- word "chartered," "professional association." or the abbre | reporation," "company," or "incorporated" or the abbreviation ic," or "Co". A professional corporation name must contain the v -viation "P.A." |
| B. Enter new principal office address, if applicable: | 222 N Sepulveda Blvd., Suite 2000, Office 52 |
| (Principal office address MUST BE A STREET ADDRESS) | El Segundo, California 90245 |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 222 N Sepulveda Blvd., Suite 2000, Office 52 El Segundo, California 90245 |
| D. If amending the registered agent and/or registered of new registered agent und/or the new registered office | |
| Name of New Registered Agent | |
| | Flarida street address) |
| New Registered Office Address: | , Florida |
| | (City) (Zip Code) |

Signature of New Registered Agent, if changing

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as vegistered agent. I am familiar with and accept the obligations of the position.

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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.

| Z Change | PT Joi | lui Doe | |
|-------------------------------|---------------------|--------------|--|
| X Remove | <u>V</u> <u>Mi</u> | ike Jones | |
| _X Add | <u>sv</u> <u>sa</u> | Ur Smith | |
| Type of Action (Check One) | <u>Title</u> | Name | <u>Addres</u> s |
| 1) X Change | P, D | Yan Li | 222 N Sepulveda Blvd., Suite 2000, Office 52 |
| Add | | | El Segundo, California 90245 |
| Remove | | | |
| 2)Change | S | Hung Ern Toh | 222 N Sepulveda Blvd., Suite 2000, Office 52 |
| | | | El Segundo, California 90245 |
| Reniove | | | |
| 3)Change | | | |
| Add | | | |
| Remove | | | |
| 4)Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| oiChange | | | |
| Add | | | |
| Remove | | | |

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| | i. (Be specific) |
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| if an amendment provides for an ex- | schange, reclassification, or cancellation of Issued shares, mendment if not contained in the amendment Itself: |
| (if not applicable, indicate N:A) | BELODICH II BOL CONTAINCO III THE ADMINISTRATA ITAMA. |
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| The date of each amendment(s) adoption: 10/30/20/5 date this document was signed. | if other than the |
|--|-------------------|
| Effective date if applicable: | |
| tuo 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," | |
| Wotting groups | |
| ☑ 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_ October 30, 2015 | |
| Signature Hungh Th | _ |
| (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 courl | |
| appointed fiduciary by that fiduciary) | |
| Hung Em Toh | |
| (Typed or printed name of person signing) | _ |
| Secretary | |
| (Title of person signing) | |

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