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K. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Healthchat, Inc.						
DOCUMENT NUMBER: P15000011408							
The enclosed Articles of Amendment and fee are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
	Christopher Chowquan						
-	Name of Contact Person						
	Healthchat, Inc.						
-	- · · · · · · ·	Firm/ Company					
	130 Lincoln Road, 2nd Floor						
-	Address						
	Miami Beach, FL 33139						
•		City/ State and Zip Code	2				
cchow	quan@healthchatprocom						
	E-mail address: (to be us	ed for future annual report	notification)				
For further information concerning this matter, please call: Christopher Chowquan .954 804-3200							
Christopher Chowquan Name of Contact Person		at (_)				
Name o	of Contact Person	Area Co	de & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:							
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					

Articles of Amendment to Articles of Incorporation of

P15000011408	ly filed with the Florida Dept. of State)	
	"	
<u> </u>	15 NOV 12 PH 1: 44	
(Document Number of	f Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this ts Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)	
A. If amending name, enter the new name of the corporation:		
N/A	The new	
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or " word "chartered," "professional association," or the abbreviation "	'Co". A professional corporation name must contain the	
B. Enter new principal office address, if applicable:	8320 Stone Run Court	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Tampa, FL 33615	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	350 Lincoln Road , 2nd Floor	
(gg	Miami Beach, FL 33139	
D. If amending the registered agent and/or registered office addinew registered agent and/or the new registered office address		
DT/A		
Name of New Registered Agent N/A	· · · · · · · · · · · · · · · · · · ·	
Name of New Registered Agent N/A		
Name of New Registered Agent	reet address)	
Name of New Registered Agent	reet address)	

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 Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) N/A Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add		_		
Pamaya				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
N/A
IVA

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

	November 9, 2015	
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
No	vember 9, 2015	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	plock does not meet the applicable statutory filing requirements, this epartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendme afficient for approval.	nt(s)
	proved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ement ement
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder	older
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
Novembe Dated	9, 2015	
Signature	lirector, president or other officer – if directors or officers have not be	 en
selecti	ed, by an incorporator – if in the hands of a receiver, trustee, or other cotted fiduciary by that fiduciary)	
	Jacob C. Jackson	
	(Typed or printed name of person signing)	
	Secretary	
	(Title of person signing)	