## P15000011408

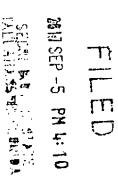
	<u> </u>
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Statu	  s
Special Instructions to Filing Officer:	

Office Use Only



500303303805

0959929333333



Amend

SEP 14 2017

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: Healthchat, Inc.	
DOCUMENT NUMBER: 47-3049927	
The enclosed Articles of Amendment and fee are s	ubmitted for filing.
Please return all correspondence concerning this m	atter to the following:
Chris Chowquan	
	Name of Contact Person
Healthchat, Inc.	
150 SW 12th Avenue, Sui <b>te</b>	Firm/ Company 315
	Address
Pompano Beach, Fl 33069	
	City/ State and Zip Code
cchowquan@healthchatpro.com	
E-mail address: (to be	ised for future annual report notification)
For further information concerning this matter, plea	ase call:
Chris Chowquan	954 804-3200
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Department of State:
■ \$35 Filing Fee	□S43.75 Filing Fee & □S52.50 Filing Fee Certified Copy (Additional copy is enclosed) □S62.50 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 2664 Executive Center Circle Tallahassee, FL 32304

## **Articles of Amendment** Articles of Incorporation of

.	lo lo		
	Articles of Inco	rporation	56 X1
Healthchat, Inc.	of		Fig. 58
(Name of Corpo	ration as currently	filed with the Florida Dept. of St	tate)
47-3049927	50000	11408	
(Di	cument Number of	Corporation (if known)	۶.
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this <i>F</i>	Torida Profit Corporation adopts t	he following amondment(s) to
A. If amending name, enter the new name of the	e corporation:		
			TTI.
name must be distinguishable and contain the	1	" "	The new
"Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	orp." "Inc." or "C	o". A professional corporation i	
B. Enter new principal office address, if applic	able:	150 SW 12th Avenue	
(Principal office address <u>MUST BE A STREET</u>	ADDRESS )	Suite 315	
		Pompano Beach, FL 33069	
			· · · · · · · · · · · · · · · · · · ·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	150 SW 12th Avenue	
		Suite 315	
		Pompano Beach, FL 33069	
D. If amending the registered agent and/or reg		ss in Florida, enter the name of t	<u>he</u>
new registered agent and/or the new registe	red office address:		
Name of New Registered Agent			
	tFlorida stree	et address)	
New Registered Office Address:		Flori	da
	(1)	City)	(Zip Code)
	<b>\</b>		
New Registered Agent's Signature, if changing	   Registered Agent:		
I hereby accept the appointment as registered age	nt. I am familiar w	ith and accept the obligations of th	e position.
	Signature of New Re	gistered Agent, if changing	

address of each Officer a (Attach additional sheets, Please note the officer/dir P = President; V= Vice I Executive Officer; CFO = held. President, Treasurer Changes should be noted a change, Mike Jones lear Mike Jones, V as Remove,	and/or D if necess vector title resident = Chief I r, Directo in the fol ves the co	irector be ary) e by the fir ; T= Trea. Financial ( or would be llowing ma orporation	ing a surer Office e PTL unner	ter of the office title:  S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief  If an officer/director holds more than one title, list the first letter of each office  Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is y Smith is named the V and S. These should be noted as John Doe, PT as a Change,
Example: X Change	<u>PT</u>	John Doc	<u>:</u>	
X Remove	V	Mike Jon	<u>108</u>	
X Add	<u>sv</u>	Sally Sm	<u>ith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3 ) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		<u> </u>
Add				
Remove				
6) Change		_		
Add				
Remove				

	enter change(s) here:
(Attach additional sheets, if necessary). (Bo	e   specific)
	1
If an amendment provides for an exchange	e, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	nent if not contained in the amendment itself:
WA	
	#
	- 11

September 1, 2017 The date of each amendment(s) adoption:	the
date this document was signed.	
Effective date if applicable:    Converted in the properties of th	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.	the
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.	
August 30, 2017 Dated	
Signature	
(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 court appointed tiduciary by that fiduciary)	
Jacob C. Jackson	
(Typed or printed name of person signing)	
Director and Secretary of Healthchat, Inc.	
(Title of person signing)	
( posterior grang)	
Page 4 of 4	