P150000025854

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SECRETARY, OF STATE DIVISION OF PORPORATE 1.02

Mund 6.9,15

COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

" Division of Corporations				
NAME OF CORPORATION: Elite Health Solutions Inc				
DOCUMENT NUMBER: P15000025854				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Samuel Messinger Name of Contact Person				
Messinger and Associates LLC Firm/Company				
1291 SW 29th Ave Ste.C				
Pompano Beach, FL 33069 City/ State and Zip Code				
E-mail address: (w be used for future annual report notification)				
For further information concerning this matter, please call:				
Samuel Messinger at (954) 895-7909 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 Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations				

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

Elite Health Solutions In	v filed with the Florida Dept. of State)
P15000025.854	
<u></u>	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this aits Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation "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:	<u></u>
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	SE CHARLES TO THE COMMENT OF THE COM
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	73.00 74.00 75.00
	<u> </u>
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	
	_
5066 NW 104 (Florida str	have Coral Springs, FL33076
New Registered Office Address:	. Florida
New Registered Office Address.	(City) (Zip Code)
Name Designational Assembly Circustoms if shomeing Designate and Agent	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar to	<u>:</u> with and accept the obligations of the position.
/	
M C	
Signature of New F	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 <math>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	PT John I	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	Jone <u>s</u>	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add Remove	P	Corey Shader	5066 NW 104 Ave Coral Springs, FL 33076
2)	P	George Carros	5066 NW 104 Ave Coral Springs, FL 33076
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

f amending or adding additional Arti Attach <i>additional sheets, if necessary).</i>	(Be specific)
. 11	· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·
	
f an amendment provides for an exchange provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
Shares Sun	rendered
W	

The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	
Effective date <u>if applicable</u> : ::	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	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 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"	
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.	
Dated 5 28 15 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 fiduciary by that fiduciary)	
George Carros	
(Typed or printed name of person signing)	
President	
(Title of person signing)	