

(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status Special Instructions to Filing Officer:			
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Re	equestor's Name)	
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status			
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Ad	dress)	
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(Document Number)  Certified Copies  Certificates of Status	PICK-UP	WAIT	MAIL
(Document Number)  Certified Copies  Certificates of Status			
Certified Copies Certificates of Status	(Bu	isiness Entity Nar	ne)
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Special Instructions to Filing Officer:	Certified Copies	_ Certificates	s of Status
	Special Instructions to	Filing Officer:	

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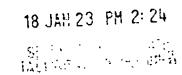
18 JAN 23 PH 2: 2

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Oracle Healthcare	Advisors Inc				
DOCUMENT NUMB	ER: P15000086392					
	f Amendment and fee are su	bmitted for filing.				
Please return all corres <sub>[</sub>	oondence concerning this ma	tter to the following:				
	Michael Baldwin					
-		Name of Contact Person	1			
	Oracle Healthcare Advisors Inc					
-		Firm/ Company				
	14221 SW 120th St. STE 229	9				
-		Address	_			
	Miami, FL 33186					
-		City/ State and Zip Cod	e			
Mike@	DOHCadv.com					
		sed for future annual report	notification)			
For further information	concerning this matter, pleas	se call:				
Michael Baldwin		at ( 305	587-7587			
Name o	f Contact Person	at ( Area Co	) de & Daytime Telephone Number			
	the following amount made		,			
□ \$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.	ing Address idment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle Bassee, FL 32301			

## Articles of Amendment to Articles of Incorporation of



Oracle Healthcare Advisors Inc

(Name of Corporation as current	tly filed with the Florida Dept. of State)
P15000086392	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
OHC Advisors Inc	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
	N/A
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable:	N/A
(Mailing address <u>MAY BE A POST OFFICE BON</u> )	
D. If amending the registered agent and/or registered office add	tress in Florida, enter the name of the
new registered agent and/or the new registered office address	
Name of New Registered Agent N/A	
(Florida si	treet (iddress)
New Registered Office Address:	. Florida
The megatica cyfice nawess.	(City) (Zip Code)
N. D. Carlotte, M. Charles, W. Charles, W. Charles, W. Charles, C. W. Charles, W. Charles, W. Charles, W. Charles, W. Charles, C. W. Charles, W. Charles, C.	
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	<u>u:</u> with and accept the obligations 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 Do	<u>ne</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>SV</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) N/A Change	N/A	_	N/A	N/A
Add				
Remove				
2) Change				
Add		_		
Remove				
3) Change				
Add	<del>_</del>	_		
Remove				
Kelikove				
4) Change		_		
Add				
Remove				
<i>5)</i> Change				
Add		_		
Remove				
6) Change		_		
Add				
Remove				

(Attach add	ng or adding additional Ar ditional sheets, if necessary).	(Be specific)			
N/A					
					<del>.</del>
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F. <u>If an amer</u> provision	idment provides for an exc is for implementing the am	<u>hange, reclassifica</u> endment if not cor	<u>tion, or cancellat</u> itained in the ame	<u>ion of issued share:</u> endment itself:	<u>s.</u>
(if no	t applicable, indicate N/A)				
N/A					
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	<del>-</del>				•

The day of such accordance (a)	N/A	if other than the
The date of each amendment(s) date this document was signed.	) adoption:	, if other than the
Page 15 Page 1	8/A	
епесиме дате <u>и аррисане</u>	(no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in thi document's effective date on the	is block does not meet the applicable statutory filing requirements, this date w Department of State's records.	ill not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
January Dated	18, 2018	
Signature	m Bullyin	
(By sele	a director, president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other court printed fiduciary by that fiduciary)	<del></del>
	Michael Baldwin	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	<u>_</u>