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October 9, 2024

FLOYD WAYNE BLANKENSHIP 1438 LARKSPUR DRIVE FORT MYERS, FL 33901

SUBJECT: INTELLI-HEALTH SERVICES, INC

Ref. Number: P16000010248

We have received your document for INTELLI-HEALTH SERVICES, INC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a FLORIDA PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

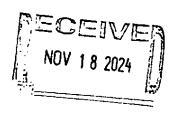
We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 024A00022270



COVER LETTER

TO: Amendment Section

Tallahassec, FL 32314

Division of Corporations NAME OF CORPORATION: INTELLI-HEALTH SERVICES, INC. DOCUMENT NUMBER: P1600010248 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: FLOYD WAYNE BLANKENSHIP
Name of Contact Person INTELLI-HEALTH SERVICES, INC 1438 LARKSPUR DRIVE FORT MYERS, FL 33901
City/ State and Zip Code WAYNE, BLANKENSHIP 65 CGMAIL. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person at (239) 898 - 0478

Area Code & 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 & ☐\$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status PD 52.50 Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

INTELLI-HEALTH SERY	ICGS, INC.	
(Name of Corporation	as currently filed with th	e Florida Dept. of State)
P16000010248	<u> </u>	2001/107/18 WI C: 37
(Document	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:	Statutes, this <i>Florida Profit</i>	Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	poration:	
N/A		The new
name must be distinguishable and contain the word "corp" "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrevi	or "Co". A professional	'incorporated" or the abbreviation "Corp.," corporation name must contain the word
B. Enter new principal office address, if applicable:		N/A
(Principal office address MUST BE A STREET ADDR	<u></u>	1-1-1-
D. If amending the registered agent and/or registere new registered agent and/or the new registered of Name of New Registered Agent	d office address in Florid	a, enter the name of the
	(Florida street address)	
New Registered Office Address:		, Florida
ic v registered office radiose.	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered agent. I hereby accept the appointment as registered agent. I	stered Agent: am familiar with and accep ture of New Registered Age	
Charlest annihable		
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 60	07.0120 (11) (e), F.S.	

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)

Example:

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.

X Change	<u>PT</u> <u>Johr</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Şall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	CCEOP	FLOYD WAYNE BLANKENSH	1P 1438 LARKSPUR PRIVE
Add			FORT MYERS, FL 33901
Remove 2) Change	YSTD	CAPOL ANN BLANKENSHIP	1438 LARKSPUR DRIVE
Add			FORTMYERS, FL 33901
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

The date of each amendment(s) add date this document was signed.	pption:
Effective date if applicable:	
- A REPRODUCTION -	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were adopt by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
☐ The amendment(s) was/were appromust be separately provided for each	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):
"The number of votes cast fo The amendment was ado by	or the amendment(s) was/were sufficient for approval appear by the Board of Directors
· · · · · · · · · · · · · · · · · · ·	(voting group)
action was not required.	ted by the board of directors without shareholder action and shareholder
	November, 2024
(By a dere selected,	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court diffiduciary by that fiduciary)
Fl	loyd Wayne Blankenship
_	(Typed or printed name of person signing)
C	CEOP President CEO Chairman
(ī	Title of person signing)

if other than the