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COVER LETTER

TO: Amendment Sec Division of Cor		COVER LETTER	•	To My On
NAME OF CORPO	DRATION: LHCQC Group Inc			9. 16
DOCUMENT NUM	IBER: P16000020364			() W
The enclosed Article	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	tter to the following:		
	Warren J Roy CPA			
	· · · · · · · · · · · · · · · · · · ·	Name of Contact Person		
	Roy & Spamer PA			
		Firm/ Company	1807 1	
	455 NE 5th Avenue D293			
		Address		
	Delray Beach, FL 33483			
		City/ State and Zip Code		
wire	oy@royandspamer.com			
		sed for future annual report	notification)	
For further informati	on concerning this matter, pleas	se call:		
Warren J Roy CPA		at (561	404-1260	
Name	e of Contact Person		le & Daytime Telephone Number	· · · · · · · · · · · · · · · · · · ·
Enclosed is a check t	for the following amount made	payable to the Florida Depa	rtment of State:	
■ \$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)	
Ar Di P.0	ailing Address nendment Section vision of Corporations D. Box 6327 llahassee, FL 32314	Amend Division Clifton 2661 E:	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301	

Articles of Amendment Articles of Incorporation



LHCQC Group Inc

(Name of Corporation as currently filed with the Florida Dept. of State)

P16000020364

(Document Number of Corporation (if known)

nt(s) to

· ·	cument rumber of c	•	
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	rida Statutes, this <i>Fi</i>	orida Profit Corporation adopts the follo	wing amendme
A. If amending name, enter the new name of the	e corporation:		
LHQC Group Inc			The new
name must be distinguishable and contain the v "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or t	orp," "Inc," or "C	o". A professional corporation name m	e abhreviation ust contain the
D. Enter new principal office address if applies	able:	Not applicable, no change	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			
			· · ·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	ROX)	Not applicable, no change	
(Maining dutiess interpretation of the second	<u> 20.1.</u> /		
D. If amending the registered agent and/or regis		ss in Florida, enter the name of the	
new registered agent and/or the new register	licable, no change		
Name of New Registered Agent	ilicable, no change		
			,
	(Florida stree	t address)	
New Registered Office Address:		, Florida	7: (2.1)
	(0	City)	Zip Code)
New Registered Agent's Signature, if changing I	Registered Agent:		
Thereby accept the appointment as registered agen	nt. I am familiar wi	th and accept the obligations of the position	o n .
S	Signature of New Res	gistered 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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change		No Changes	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(small anamona mocks, y necessary).	ticles, enter change(s) here: (Be specific)
No Changes	
	•
	Note that the second shows
F. It an amendment provides for an exc provisions for implementing the am	change, reclassification, or cancellation of issued shares, tendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
No Changes	

	June 10, 2016	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
, ,	ne 10, 2016	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendi	nent file date)
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing department of State's records.	g requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes casufficient for approval.	ist for the amendment(s)
	proved by the shareholders through voting groups. or each voting group entitled to vote separately on t	
	t for the amendment(s) was/were sufficient for appr	roval
by	(voting group)	
	(voting group)	
	lopted by the board of directors without shareholder	action and shareholder
The amendment(s) was/were action was not required.	lopted by the incorporators without shareholder acti	on and shareholder
Dated		
(By a select	director, president or other officer – if directors or or ed, by an incorporator – if in the hands of a receivernted fiduciary by that fiduciary)	officers have not been r, trustee, or other court
	Warren J Roy	
	(Typed or printed name of person sign	ing)
	Incorporator	
	(Title of person signing)	