## P16000048947

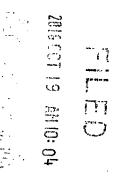
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## **COVER LETTER**

TO: Amendment Section Division of Corporations		
	Ponte Healthcare ARCHITECTURE & Planning, Ir	1C.
DOCUMENT NUMBER:F	P16000048947	
The enclosed Articles of Amendme	ent and fee are submitted for filing.	
Please return all correspondence co	oncerning this matter to the following:	
-	Tabitha C. Ponte  Name of Contact Person	
	Name of Contact Person	
	Ponte Healthance @	
	Firm/ Company	
3	3956 Town Center Blud #609	
	Address	
	ORIANDO, FLORIDA 32837  City/ State and Zip Code	
	City/ State and Zip Code	
E-mail	address: (to be used for future annual report notification)	
For further information concerning	g this matter, please call:	
Tabitha Pan		
Name of Contact Pe	Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following	ing amount made payable to the Florida Department of State:	
	75 Filing Fee & Substitute    Certified Copy	
Mailing Addres		
Amendment Sect	ction Amendment Section	

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

Ponte Healthcare Architecture (Name of Corporation as current	ly filed with the Florida Dept. of State)
P16000048947	
	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Insb fl Corp.	The new
name must be distinguishable and contain the word "corporatio" "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: (Principal office address MUST BE A STREET ADDRESS)	Na
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	286CT 19 AH 0
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
Name of New Registered Agent N	
(Florida str	reet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	
Signature of New I	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 D	<u>Ooe</u>	
X Remove	V Mike J	<u>Iones</u>	
X Add	SV Sally S	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change		Na	
Add			
Remove			
2) Change			-
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Cl.			
5) Change	\$4-11		
Add			
Remove			
6) Change			
Add			
Remove			

	ng or adding additional Arti ditional sheets, if necessary).	(Be specific)
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- ' '		
<del></del>	<del></del>	
	<u> </u>	
f an ame	ndment provides for an excl	nange, reclassification, or cancellation of issued shares,
		ndment if not contained in the amendment itself:
	ot applicable, indicate N/A)	
1/4	2	
γ \		
• • • • • • • • • • • • • • • • • • • •		

The date of each amendment(s) adoption:date this document was signed.	October	150	2016	, if other than the
-	ologe lst.	2016	<b>.</b>	
<u></u>	no more than 90 days afte	r amendment	file date)	
Note: If the date inserted in this block does not document's effective date on the Department of St		ory filing req	quirements, this dat	e will not be listed as the
Adoption of Amendment(s) (CHE	CK ONE)			
☐ The amendment(s) was/were adopted by the ship by the shareholders was/were sufficient for approximation.		f votes cast fo	or the amendment(s	)
☐ The amendment(s) was/were approved by the s must be separately provided for each voting gr				nt
"The number of votes cast for the amenda	ment(s) was/were sufficien	t for approval	I	
by(voting			," ·	
(voting	g group)			
The amendment(s) was/were adopted by the boaction was not required.	ard of directors without sh	areholder act	ion and shareholde	r
The amendment(s) was/were adopted by the indaction was not required.	corporators without shareh	older action a	nd shareholder	
Dated 10 -1 16				
Signature				di ta
	ent or other officer – if director – if in the hands of			t.
appointed fiduciary b		,	, 0. 0	,
T	elathe C. F	ante		
(T)	yped or printed name of pe	rson signing)		
President				
<del></del>	(Title of person s	igning)		