P16000067343

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JAMOS ZCIT CANCHAIR

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Your Health Pediat	ries, Inc		
DOCUMENT NUMBER:				
The enclosed Articles	s of Amendment and fee are sul	bmitted for filing.		
Please return all corre	espondence concerning this mat	ter to the following:		
	Brad A Anderson			
		Name of Contact Persor	<u> </u>	
	Your Health Pediatrics, Inc.			
	Firm/ Company			
236 Queen Mary Dr.				
	Address			
	Davenport, FL 33837			
	City/ State and Zip Code			
1 4	O control the college of the college			
oradi ——	@yourhealthpediatrics.com	ed for future annual report	notification)	
	E-man address. (to be us	ed for future annual report	notification)	
For further information	on concerning this matter, pleas	e call:		
Brad A Anderson		at (780 9836	
Name	of Contact Person	Area Code & Daytime Telephone Numb		
Enclosed is a check f	or the following amount made p	payable to the Florida Depa	artment 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)	
	ailing Address		Address	
Amendment Section		Amendment Section		
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building		
Tallahassee, FL 32314		2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of Your Health Pediatric, Inc.

(Name of Corporation as curre	ently filed with the Florida Dept. of State)
P16000067343	
(Document Number	er of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, t its Articles of Incorporation:	his Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	<u>:</u>
Your Health Pediatries, Inc.	The new
name must be distinguishable and contain the word "corpore" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," oword "chartered," "professional association," or the abbreviation	or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	201 West Hilda Street, Suite 15
(Principal office address MUST BE A STREET ADDRESS)	Kissimmee, FL 34741
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office add	nddress in Florida, enter the name of the ress:
Name of New Registered Agent	
(Florida	a street address)
New Registered Office Address:	. Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Ag	<u>rent:</u>
I hereby accept the appointment as registered agent. I am famili	iar with and accept the obligations of the position.
Signature of Me	ow 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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	CFO	Bradley A Anderson	236 Queen Mary Dr.
X Add			Davenport, FL 33837
Remove			
2) Change	V	Bradley A Anderson	236 Queen Mary Dr.
X Add			Davenport, FL 33837
Remove			
3) Change	<u>s</u>	Martha I Acosta	236 Queen Mary Dr.
<u></u> ⊀_Add →			Davenport, FL 33837
Remove			
4) Change			
Add			
Remove			
5)Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ding additional Art heets, if necessary).	(Be specific)			
					·

					/3
					* ************************************
an amendment	plementing the am-	hange, reclassifi endment if not c	ication, or cancella contained in the an	ation of issued share nendment itself:	<u> </u>
	bie, indicate N/A)				
(if not applied					
(if not applice					
(if not applica		_			
(if not applica					
(if not applica					1 - 2 · 100 cm
(if not applica					
(if not applied					
(if not applica					11

The date of each amendment(s	adoption:	, if other than the
date this document was signed.	December 23, 2016	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this of Department of State's records.	late will 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 sufficient for approval.	:(s)
	approved by the shareholders through voting groups. The following staten for each voting group entitled to vote separately on the amendment(s):	nent
	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 sharehold	der
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
Decemb Dated	per 23, 2016	
Signature	m acorta.	
	a director, president or other officer - if directors or officers have not been	
	cted, by an incorporator – if in the hands of a receiver, trustee, or other continted fiduciary by that fiduciary)	μπ
	Martha I Acosta	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	