

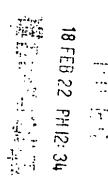
(Requestor's Name)	
(Address)	
(Address)	
(Addiess)	
(City/State/Zip/Phone	e #)
PICK-UP WAIT	MAIL
(Business Entity Nan	ne)
(Document Number)	
Certified Copies Certificates	s of Status
Special Instructions to Filing Officer:	

Office Use Only



700309022517

02/20/18--01008--008 **35.00







February 21, 2018

DAVID LASMAN 201 N FEDERAL HWY STE 111 DEERFIELD BEACH, FL 33441

SUBJECT: MEDICARE HELP NETWORK INC

Ref. Number: P16000068013

We have received your document for MEDICARE HELP NETWORK INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is incomplete. Please find enclosed and include the missing page.

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.

Letter Number: 718A00003582

Rebekah White Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Amendment Section Division of Corporations

.

NAME OF CORPORATION: MEDICARE HEL	P NETWORK	INC			
DOCUMENT NUMBER: P16000068013					
The enclosed Articles of Amendment and fee are su	ibmitted for fili	ng.			
Please return all correspondence concerning this ma	itter to the follo	wing:			
DAVID LASMAN					
	Name of Co	ontact Person			
LASMAN PROPERTY GRO	OUP INC				
	<u> </u>	·			
201 N FEDERAL HIGWAY	Firm/ Company 201 N FEDERAL HIGWAY SUITE 111				
	Δ.d.	dress	 		
DEERFIELD BEACH, FL 3.		41033			
	City/ State a	and Zip Cod	e		
DAVID@LASMANGROUP.COM	ſ				
E-mail address: (to be u		nnual report	notification)		
(1			,		
For further information concerning this matter, please	se call:				
DAVID LASMAN		954	465-5597		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for the following amount made	payable to the l	Florida Depa	artment of State:		
■ \$35 Filing Fee & Certificate of Status	□\$43.75 Fil Certified ((Additiona enclosed)	Сору	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address		<u>Street</u>	Address		
Amendment Section		Amendment Section			
Division of Corporations		Division of Corporations			
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle					

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



18 FEB 22 PM 12: 34

MEDICARE HELP NETWORK INC (Name of Corporation as currently filed with the Florida Dept. of State) P16000068013 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: SENIOR HEALTHCARE TEAM INC name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 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 BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar 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 = ChiefExecutive 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	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			



f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	·
an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
orovisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(y not applicable, maleule 1971)	

The date of each amendment(s) adoption:	, if other than the
late this document was signed.	
Effective date <u>if applicable:</u> (no more than 90 days after amendment file d	
(no more than 90 days after amendment file a	late)
Note: If the date inserted in this block does not meet the applicable statutory filing requiren locument's effective date on the Department of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the by the shareholders was/were sufficient for approval.	amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following the separately provided for each voting group entitled to vote separately on the amend	
"The number of votes east for the amendment(s) was/were sufficient for approval	
by" **Tvoting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action ar action was not required.	nd shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action and sh action was not required.	areholder
Dated 2 15 18	
(By a director, president or other officer – if directors or officers has selected, by an incorporator – if in the hands of a receiver, trustee, appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President.	
(Title of person signing)	