P17000022173

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JUN 01 2017

S. PRATHER

COVER LETTER

TO: Amendment Section Division of Corporations

Sapience Legal Nu NAME OF CORPORATION:	rse Consulting, Inc	
DOCUMENT NUMBER: P17000022173		
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this man	tter to the following:	
James Sassatelli		
	Name of Contact Persor	1
Sapience Legal Nurse Consu	lting, Inc	
	Firm/ Company	
3617 Buffett Street		
	Address	
Trinity, Florida 34655		
	City/ State and Zip Code	
James@sapienceInc.com		
E-mail address: (to be us	sed for future annual report	notification)
For further information concerning this matter, pleas	se call:	
James Sassatelli	7 2 7 at (8592195
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	rtment of State:
□ \$35 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

Sapience Legal Nurse Consulting, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P17000022173 (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: 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: , Florida (City) (Zip Code) 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 = 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	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	P	Elizabeth Arruda	3617 Buffett Street
Add			Trinity, Florida 34655
X Remove			
2) Change			
Add			<u></u>
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additione	adding additional Ar al sheets, if necessary).	(Be specific)				
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provisions for	nt provides for an exc implementing the am licable, indicate N/A)	hange, reclassifi endment if nøt c	cation, or cance ontained in the	llation of issued s amendment itself	shares, : :	
					·	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date	e)
Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	nts, 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 amby the shareholders was/were sufficient for approval.	nendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	7. S. 17
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and action was not required.	shareholder AFF T
☑ The amendment(s) was/were adopted by the incorporators without shareholder action and share action was not required.	
04/18/2017 Dated	2. vi —
Signature (By a director, president or other officer – if directors or officers have	e not been
selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	other court
James Sassatelli	
(Typed or printed name of person signing)	
CEO	
(Title of narran signing)	