017000034379

<u> </u>
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Document Number)
(Booking Names)
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S. TALLENT AUG 22 2017

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7 AUG 18 AHIO: 5



July 21, 2017

MARIANELLA ALVAREZ 20900 NE 30TH AVE SUITE 200 AVENTURA, FL 33180

SUBJECT: HEALTH4D INC Ref. Number: P17000034379

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

ON PAGE 2 OF 4, PLEASE GIVE A TITLE FOR THE OFFICER.

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: 017A00014841

Susan Tallent Regulatory Specialist II

RECEIVED 17 AUG 18 BM 2: 82 19 FEBN TEEL STANDAS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: HEALTH4D INC		
DOCUMENT NUMBEI			
The enclosed Articles of .	A <i>mendment</i> and fee are su	bmitted for filing.	
Please return all correspo	ndence concerning this ma	tter to the following:	
M	ARIANELLA ALVAREZ		
		Name of Contact Person	1
_		Firm/ Company	
20	900NE 30TH AVE SUITE	E 200	
		Address	
A'	VENTURA, FLORIDA, 3,	3180	
_		City/ State and Zip Cod	e
MARIA	NELLA@INTERMEDIU	M.US	» ′
	E-mail address: (to be us	sed for future annual report	
For further information co	oncerning this matter, pleas	se call:	
MARIANELA ALVAREZ		at (305	74 9 0976
Name of C	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for th	e following amount made	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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

HEALTH4D INC					
	(Name o	of Corporation as curren	tly filed with the Florida Dep	t. of State)	
HEALTH4D INC	P1700003	43 <i>79</i>			
		(Document Number	of Corporation (if known)		
Pursuant to the proviits Articles of Incorpo		1006, Florida Statutes, this	s Florida Profit Corporation a	dopts the following amend	lment(s)
A. If amending nan	ne, enter the new na	me of the corporation:			
				The i	new
"Corp." "Inc." or	Co.," or the design	tain the word "corporati ation "Corp," "Inc," or tion," or the abbreviation	on," "company," or "incorp "Co", A professional corpor "P.A."	orated" or the abbrevia	tion
R. Enter new princ	3. Enter new principal office address, if applicable:				
	(Principal office address <u>MUST BE A STREET ADDRESS</u>)		MIAMI FL 33175	AUC	
				7 5 G	
			-	<u> </u>	— <u>[m</u>
C. Enter new mails				22 A	,
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)				5.2 S	_ }
			· · · · ·		_
					_
		d/or registered office addresses registered office addresses	dress in Florida, enter the nat	me of the	
Name of New Registered Agent LUCRECIA LAIRET DE ELIAS 13816 SW 56 ST					
			treet address)		
Var a Danatar		MIAMI	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	33175	
<u>New Registered Office Address:</u>			(City)	_, Florida	_
		hanging Registered Agen ered agent. I am familiar	nt: with and accept the obligation	es of the position.	
	_	dalehj.			
		Signature of New	Registered Agent, if changing	<u> </u>	

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>	Name	<u>Addres</u> s
1) Change	P	LUCRECIA DE ELIAS	
Add			
Remove			<u></u>
2) Change	_£	LUCRECIA LAIRET DE ELIAS	
X Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

Attach additional sheets, if necessary).	ticles, enter change . (Be specific)			
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		<u> </u>		
<u> </u>				
f an amendment provides for an exc	change, reclassifica	tion, or cancellati	on of issued share	<u>s.</u>
provisions for implementing the am (if not applicable, indicate N/A)	<u>lenament it not con</u>	tained in the ame	nament itsea:	
		···	 	
	 			
<u> </u>				

The date of each amendment(s) adoption:, if ot date this document was signed.	ther than the
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	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 amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
07/05/2017 Dated	
Signature dde Chip.	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
LUCRECIA LAIRET DE ELIAS	
(Typed or printed name of person signing)	
PRESIDEN'T	

(Title of person signing)