

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

Office Use Only



900306981889

12/28/17--01023--001 \*\*85.00

2NT DEC 28 P & 09

[:En 2 9 20]7



## **COVER LETTER**

. . .

TO: Amendment Section Division of Corpo			
NAME OF CORPOR	ATION: Khane	l Health 040521	care Inc
DOCUMENT NUMB	er: <u> </u>	<u>040521                                    </u>	
The enclosed Articles of	of Amendment and fee are sul	omitted for filing.	
Please return all corresp	condence concerning this mat	ter to the following:	
_	Ja	inel Pier	re
<u>-</u>	Khanel	Name of Contact Person Health C	Care Inc
-	3800 In	Firm/ Company	3/vd 10/K
-	Lauderhil	Address City/ State and Zip Code	33319
	Khanelheultz E-mail address: (to be us	City State and Zip Code  MeO 71 7 @ G m  ed for future annual(rgport	4
For further information	concerning this matter, pleas	e call:	
Janel	Pierre	at (561	537-1504
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department 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)
Amei Divis	ing Address ndment Section ion of Corporations Box 6327	Amend Divisio	Address Iment Section on of Corporations Building

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment

## to

A	Articles of Incorporation of	
Khanel H	althorage .T.	26
Name of Corporatio	on as currently filed with the Fl	orida Dept. of State)
PIDGGG	3040521	
(Docume	ent Number of Corporation (if kr	nown)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Cor	poration adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	rporation:	
		The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp.," word "chartered," "professional association," or the a	" "Inc," or "Co". A profession	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD)		
		***************************************
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
D. If amending the registered agent and/or registere	ed office address in Florida, en	tor the name of the
new registered agent and/or the new registered o		ter the name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		Florida
	(Ciţy)	(Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I	stered Agent:	ablications of the position
,	Jamman and decept the	Supplied by the position.
		7. n. 20
		;.

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	<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	VP	Kellyne Flore Auguste	3800 Inversary blue 54th
Add Remove			Suite 101 K 1 Lauderhill, FL 3331
2) Change		_	
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change		<del>-</del>	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ling additional Artic heets, if necessary).	(Be specific)			
	,	. , ,			
				<del></del>	
		<del></del>			
			•		
	<del></del>				
	····	· · · · · · · · · · · · · · · · · · ·			
<del></del>					
lf an amendment p	rovides for an excha	inge, reclassifica	ition, or cancellat	ion of issued share:	<u>5,</u>
provisions for imp	lementing the amen	dment if not cor	ntained in the amo	endment itself:	
	ble, indicate N/A)				
(1f not applica					
(tf not applica			·····		
(If not applica		<del></del>			
(if not applica		<del></del>			
(1) not applica					
(1) not applica					
(if not applica					
(1) not applica					
(if not applica					
(if not applica					

The date of each amendment(s) adoption:	12.0	1-2017	, if other than the
date this document was signed.			
Effective date if applicable:	12-01	- 2012	
	(no more than 90 day	s after amendment file date	2)
Note: If the date inserted in this block does not document's effective date on the Department of St		statutory filing requiremen	its, this date will not be listed as the
Adoption of Amendment(s) (CHE	CK ONE)		
The amendment(s) was/were adopted by the shareholders was/were sufficient for app		ber of votes cast for the am	endment(s)
☐ The amendment(s) was/were approved by the s must be separately provided for each voting gr			
"The number of votes east for the amenda	ment(s) was/were suf	ficient for approval	
by		, <b>, ,</b> ,	
(voting	g group)		
☐ The amendment(s) was/were adopted by the bo action was not required.			
☐ The amendment(s) was/were adopted by the incaction was not required.	corporators without s	hareholder action and share	cholder
Dated	DOR	_	
Signature	<u> </u>		
		if directors or officers have	
selected, by an incorp appointed fiduciary b		ds of a receiver, trustee, or	other court
appointed indictary of	y that riducially	7,	
	Anel /	1eppe	
$$ $\smile_{(T)}$	yped or printed name	of person signing)	
	Vo	e sident	
	(Title of per	rson signing)	<u> </u>