

**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H17000146673 3)))



H170001466733ABC2

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

**To:**

Division of Corporations  
 Fax Number : (850)617-6380

**From:**

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
 Account Number : I20000000019  
 Phone : (305)552-5973  
 Fax Number : (305)675-5944

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

FILED  
 17 JUN - 1 PM 12:05  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

S TALLENT

JUN 02 2017

**COR AMND/RESTATE/CORRECT OR O/D RESIGN**  
**ONE FAMILY CLINIC CORP**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

*Amard*

RECEIVED

17 JUN - 1 AM 8:19

DEPT. OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

H17000146673

Articles of Amendment  
to  
Articles of Incorporation  
of

One Family Clinic Corp

Florida Document Number:

P17000041418

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

Change all addresses to:

2525 Ponce de Leon Blvd.

Unit 300.

Coral Gables, FL 33134

FILED  
17 JUN - 1 PM 12:05  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

These articles of amendment were adopted on

5/31/17

The corporation has only one group of voting stock. This amendment was approved by the shareholders and the number of votes cast for amendment was sufficient for approval.

Signature

ROLANDO TORRES (P)

Printed Name and Title

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

H17000146673