## Pradyassa

(Re	equestor's Name)	<u>-</u>
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(Ac	ldress)	
(Ci	ty/State/Zip/Phon	= #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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## COVER LETTER

FO: Amendment Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations		
NAME OF CORPORATION: FIRST CIA	so Health inc	
DOCUMENT NUMBER: P17000	042339	
The enclosed Articles of Amendment and fee are submitted for fill	ng.	
Please return all correspondence concerning this matter to the foilo	wing:	
marcus was	19	
First Mass	HOULTHING	
<u>8060 NW 15 n</u>	Company  CUDOC	
Plantation F	dress = 1 33372	
Lisa (1859 0)	and Zip Code  A DOO + CO M  Innual report notification)	
For further information concerning this matter, please call:		
Marcal Subscription at Contact Person	954, 330-7730 Area Code & Dayrime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:		
\$35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & Certificate of Status Certified (Additional enclosed)	Opy Certificate of Status I copy is Certified Copy	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment

10

Articles of Incorporation

Tirat Alama	10017-10 IN 1
FIRST CLASE	(Ly filed with the Florida Dept. of State)
Tvame of Corporation as curren	11 0 2 - 0
PIJ 0000	49.559
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607,1006. Florida Statutes, thits Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	Educ NW 15 manor Plantation FL 33322
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8060 NW 15 Manor Plantation Fl 33333
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre	
Name of New Registered Agent	9 100009
New Registered Office Address: Plantal  New Registered Agent's Signature, if changing Registered Agent thereby accept the appointment as registered agent. I am familian	
	D'A C
V What all 5	
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 litle:

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 I	<u>Doc</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
<u>X</u> Add	<u>SV</u> <u>Sally</u>	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Barachy Lucier	
Add Remove			Plantation FL 33313
2) X Change Adds	<u>P</u>	marcus woods	Ecua Nic 15 manor Plantation FL 33323
Remove 3 ) Change			
Add Remove			
4) Change	<del></del>		
Add			
5) Change Add			
Remove			
6) Change Add			
Remove			

ttach additional sheets, if necessary), (Be specific)	<u>(s) here</u> : 
the specific	1
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an amendment provides for an exchange, reclassificat	ion, or cancellation of issued shares,
rovisions for implementing the amendment if not cont (if not applicable, indicate N/A)	ained in the amendment itself:
ty not appartane, muche 1974)	

The date of each amendment(s) adoption:	if other than the
date this document was signed.	
Effective date if applicable:	
(no more than <sup>9</sup>	n days after amendment file dater
<b>Note:</b> If the date inserted in this block does not meet the appli document's effective date on the Department of State's records.	cable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopted by the shareholders. The by the shareholders was were sufficient for approval.	e mimber of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders thr must be separately provided for each voting group entitled to	
"The number of votes cast for the amendment(s) was/we	1
by	."
(voting group)	
The amendment(s) was/were adopted by the board of directors action was not required.	without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators wit action was not required.	hout shareholder action and shareholder
Dated <u>9-37-17</u> Signature <u>Man</u> Que	
Signature Minus Odl	
(By a director, president or other offi	cer - if directors or officers have not been to hands of a receiver, trustee, or other court
Typed or printed	name of person signing)
Presid	
	of person signing)