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	COVER LETTER
TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: PRO ESSE	NTIALS, M.D., INC.
DOCUMENT NUMBER: P17000052555	
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return ail correspondence concerning	his matter to the following:
CHARLES E. TAYLO	PR. JR.
	Name of Contact Person
LAW OFFICE OF CH	ARLES E. TAYLOR, JR., P.A.
	Firm/ Company
37 NORTH ORANGE	AVENUE, SUITE 500
	Address
ORLANDO, FLORID	32801
l	City/ State and Zip Code
CHARLES@ATTORNEYT	 AYLOR.COM
	be used for future annual report notification)
(1)	
For further information concerning this matter	please call:
CHARLES E. TAYLOR, JR.	at (407) 244-5997
Name of Contact Person	
	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount n	nade payable to the Florida Départment of State:
☐ \$35 Filing Fee ☐\$43.75 Filing Fee Certificate of Star	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

FILED

Articles of Amendment to Articles of Incorporation

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PRO ESSENTIALS, M.D., INC.		OI.	MELAHASEET FEJ	語 E 1 自用)(
(Name	e of Corporation a	s currently filed with th	e Florida Dept. of State)	
P17000052555			S to so to	·
	(Document	Number of Corporation (if known)	. ;
Pursuant to the provisions of section 60 its Articles of Incorporation:	 7.1006, Florida Sta 	tutes, this Florida Profit	Corporation adopts the follow	wing amendment(s) to
A. If amending name, enter the new n	nantelof the corpor	ration:		
N/A				1
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the desig word "chartered," "professional associa	ויי מאמן מענומוז	inc " or "Ca" - tt-	" or "incorporated" or the ssional corporation name mu	The new abbreviation ist contain the
B. Enter new principal office address.	 , if applicable:	N/A		į
(Principal office address MUST BE A S	STREET ADDRES	<u>~</u>		
				!
C. Enter new mailing address, if appl	 icable:	> ****		:
(Mailing address MAY BE A POST	OFFICE BOX	N/A 		·
		 -	, <u>"</u>	
D. If amending the registered agent an	id/or registered of	fice address in Florida.	enter the name of the	
new registered agent and/or the new	w registered office	address:	· ·	<u> </u>
Name of New Registered Agent	CHARLES E. TA	AYLOR, JR.		•
	37 NORTH ORA	NGE AVENUE, SUITE	500	
	(F	lorida strevi address)		<u> </u>
New Registered Office Address:	ORLANDO		Start 32801	
		(City)	, Florida	Code)
			·	· ·
Name Thanks the same of	-			
New Registered Agent's Signature, if cl I hereby accept the appointment as registe	nanging Registered	d Agent:		
	als E	With and accept	ng obligations of the position	; ;
	Signature o	of New Registered Agent,	if charleing l	
		V		

			·	:
(Attach additional sheet, Please note the officer/d P = President; V= Vice Executive Officer; CFO held. President, Treasur Changes should be note.	s, if neces lirector ti Presider = Chief er, Direct d in the fo aves the c	ssary) tle by the f u: T= Trei Financial for would t ollowing m corporatio	rst letter of the office title: surer; S = Secretary; D = Director: TR = Officer. If an officer/director holds more PTD.	r/director being removed and title, name, and Trustee; C - Chairman or Clerk: CEO = Chief than one title, list the first letter of each office PST and Mike Jones is listed as the V. There is should be noted as John Doe, PT as a Change,
X Change	PT	John Do		
X Remove	<u>V</u>	Mike Jos	 	
_X Add	<u>\$v</u>	Sally Sm)} ú <u>th</u> ii	į ,
Type of Action (Check One)	Title		∐ <u>Same</u>	Address
1) X Change	<u> </u>	_	RAMONA HUNT TAYLOR, M.D.	
Add				
Remove				
2) X Change	V. CLC) 	CHARLES E. TAYLOR, JR.	
Add				
Remove				
3) X Change	CFO		LELAINE GALLEGO DR.	
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change	·			
Add				
Remove				

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E. If amending or adding additional Arti	 <u>¢les, en</u> ter change(s) here:		
(Attach additional sheets, if necessary).	(Be specific)		
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F. If an amendment provides for an exchai	nge, reclassification, or cancellation of issued shares, ment if not contained in the amendment itself:		
(if not applicable, indicate N/A)	ment if not contained in the amendment itself:	! 	
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	Page 3 of 4	!	
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The date of each amendment(s) adoption date this document was signed.	,	f other i	han the
AUGUST 2 Effective date <u>if applicable</u> :	1 2017	į	
	(no more than 90 days after amendment file date)		
Note: If the date inserted in this block doe document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not of State's records.	be listed	l as the
Adoption of Amendment(s)	CHECK ONE)		
The amendment(s) was/were adopted by the shareholders was/were sufficient for	he shareholders. The number of votes east for the amendment(s) approval.		
☐ The amendment(s) was/were approved by must be separately provided for each vot	the shareholders through voting groups. The following statement ing group entitled to vote separately on the amendment(s):		
"The number of votes east for the an	 nendment(s) was/were sufficient for approval		
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	oting group)		
The amendment(s) was/were adopted by the action was not required.	 ne board of directors without shareholder action and shareholder		
The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder action and shareholder		
AUGUST 2, 2017 Dated			
Signature Signature	Da E FSoul		
(By a director, pro	esident or other officer - if directors or officers have not been		
appointed fiducia	corporator - if in the hands of a receiver, trustee, or other court ry by that fiduciary)	;	
CHARLE	SE. TAYLOR, JR.		
	(Typed or printed name of person signing)	 	
VICE PR	III ESIDENT, CHIEF LEGAL OFFICER	! !	
	(Title of person signing)		
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