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FILED 19 JAN 25 AN IN: 41 SECRETARY OF STATE VALLANTSSEE, FLORIDA

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JAN 30

COVER LETTER

TO: Amendment Section

Division of Corporations

Bright Healing Services Inc
NAME OF CORPORATION:

P17000066720

DOCUMENT NUMBER: _

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dunia Lazo

Name of Contact Person

Bright Healing Services Inc

Firm/ Company

2355 SE 4th Place

Address

Homestead, FI 33033

City/ State and Zip Code

info@brighthealingservices.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Enclosed is a check for the following amount made payable to the Florida Department of State:

S35 Filing Fee

□\$43.75 Filing Fee & Certificate of Status S43.75 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 <u>Street Address</u> Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Bright Healing Services Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P17000066720

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." - . . **. .**

B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRES</u>)	<u> </u>	
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u>)		SELE FLORDA
D. <u>If amending the registered agent and/or registered of</u> <u>new registered agent and/or the new registered office</u> <u>Name of New Registered Agent</u>		<u>f the</u>
(/	lorida street address)	
New Registered Office Address:	, Flu	orida (Zip Code)

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

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)

Example:

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.

\mathbf{PT} X Change John Doe X Remove \underline{V} Mike Jones <u>X</u> Add SVSally Smith Address Type of Action <u>Title</u> <u>Name</u> (Check One) 2355 SE4th Place CFO Felix Eduardo Montero Jr. L) ____ Change Homestead, FI 33033 Add Kemove 6 2) ____ Change ____ Add <u>E</u> Remove 3) ____ Change Add __ Remove 4) ____ Change Add __ Remove 5) ____ Change Add Remove 6) ____ Change __ Add ____ Remove

f amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary), — (Be specific)	
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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

.____

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	

(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 fisted as the document's effective date on the Department of State's records.

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.

D The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated	CRETARY OF STATE	JAN 25 AM 11: 41	FILED
(Typed or printed name of person signing)			
CED			

<u>79</u> 10

(Title of person signing)