Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

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COR AMND/RESTATE/CORRECT OR O/D RESIGN HPPC HOLDINGS, INC

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COVER LETTER

TO: Amendment Section Division of Corpora				
NAME OF CORPORA	TION: HPPC Holdings, In	c.		
DOCUMENT NUMBE	R: P18000067960			
	Amendment and fee are sub	omitted for filing.		
Please return all correspo	ondence concerning this mat	ter to the following:		
C	hris Brisch			
_		Name of Contact	Person	•
y	lyCare Medical Group			
		Firm/ Compa	ıny	
20	0525 Amberfield Drive, Suit	te 104		
_		Address	_	
1_	and O Lakes, FL 34638			
		City/ State and Zi	p Code	
ct	ris.brisch@femgholdings.c	Otti		
	E-mail address. (to be us	ed for future annual	report r	notification)
For further information c	concerning this matter, pleas	e call.		
Jonathan D. Salm, Esq.		at (212		e & Daytime Telephone Number
Name of	Contact Person	Aı	rea Cod	e & Daytime Telephone Number
Enclosed is a check for t	he following amount made p	payable to the Florid	la Depai	rtment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing For Certified Copy (Additional copy enclosed)		☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ameno Divisio P.O. B	ng Address Idment Section on of Corporations ox 6327 assee, FL 32314] [1 2	Amendr Division The Ce 2415 N	Address ment Section n of Corporations ntre of Tallahassee . Monroe Street, Suite 810

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Articles of Amendment to Articles of Incorporation of

HPPC Holdings, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P18000067960 (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: N/A 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." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: N/A Name of New Registered Agent (Florida street address) New Registered Office Address: (City) (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 Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

Example:

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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.

X Change	<u>PT</u>	<u>John Do</u>	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) N/A Change	N/A	_	N/A	N/A
Add				
Remove				
2) Change	-	_		
Add				
Remove 3) Change				
Add		_		
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

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E. If amending or adding additional Articles, enter change(s) here. (Attach additional sheets, if necessary). (Be specific)
ARTICLE IV
CAPITAL STOCK
The shares of stock of this Corporation shall consist of only one class of common stock. The total number of shares of
capital stock which the Corporation shall have the authority to issue is Two Thousand (2000) shares of common stock,
\$0,0001 par value per share.
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) N/A

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The date of each amendment(s) ac date this document was signed.	pption:, if other than
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bl document's effective date on the De	book does not meet the applicable statutory filing requirements, this date will not be listed as coartment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were ado action was not required.	sted by the incorporators, or board of directors without shareholder action and shareholder
The amendment(s) was/were ado by the shareholders was/were su	oted by the shareholders. The number of votes east for the amendment(s) ficient for approval.
must be separately provided for	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s): or the amendment(s) was/were sufficient for approval
by	
	(voting group)
	ector, president or other officer – if directors or officers have not been
	, by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)
	Sanjay Navadia, M.D.
	(Typed or printed name of person signing)
	President

(Title of person signing)