P18000068555

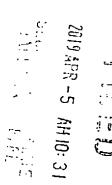
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| Certified Copies | Certificates | s of Status |
| Special Instructions to I | Filing Officer: | |
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Office Use Only



04/05/19--01008--014 **85.00





COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO | RATION: American Health? | Network, Inc | | | |
|-------------------------|---|--|--|--|--|
| DOCUMENT NUM | BER: P18000068555 | | | | |
| | of Amendment and fee are su | bmitted for filing. | | | |
| Please return all corre | spondence concerning this ma | tter to the following: | | | |
| | Sean D Parke | | | | |
| | | Name of Contact Persor | n | | |
| | American Health Network, Inc | | | | |
| | | Firm/ Company | | | |
| | 5301 North Federal Highway | • • | • | | |
| | | Address | · · · · · · · · · · · · · · · · · · · | | |
| | Boca Raton, FL 33487 | , ideicos | | | |
| | | City/ State and Zip Cod | | | |
| - | • | City/ state and Zip Cod | | | |
| amer | icahealthnetwork1@gmail.com | n | | | |
| | E-mail address: (to be us | sed for future annual report | notification) | | |
| | | | | | |
| For further informatio | n concerning this matter, pleas | se call: | | | |
| Sean D. Parke | | 561 | 573-1174 | | |
| Name | of Contact Person | at (561) 573-1174 Area Code & Daytime Telephone Number | | | |
| | | | | | |
| Enclosed is a check to | or the following amount made | payable to the Florida Depa | artment of State: | | |
| S35 Filing Fee | □\$43.75 Filing Fee & Certificate of Status | □\$43.75 Fiting Fee & Certified Copy (Additional copy is enclosed) | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | | |
| Mailing Address | | Street | Address | | |
| | endment Section | Amendment Section Division of Corporations Clifton Building | | | |
| | ision of Corporations | | | | |
| | . Box 6327 ahassee, FL 32314 | | Executive Center Circle | | |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

American Health Network, Inc.

2019 APR -5 AH 10: 31

| DIVIDIONS | ly filed with the Florida Dept. of State) | | | |
|--|--|--|--|--|
| P18000068555 (Document Number of | f Corporation (if known) | | | |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation: | Florida Profit Corporation adopts the following amendment(s) | | | |
| A. If amending name, enter the new name of the corporation: | | | | |
| name must be distinguishable and contain the word "corporatio "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: | 5301 North Federal Highway | | | |
| Principal office address MUST BE A STREET ADDRESS) | Suite 395 | | | |
| | Boca Raton, FL 33487 | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 5301 North Federal Highway | | | |
| | Suite 395 | | | |
| | | | | |
| | Boca Raton, FL 33487 | | | |
| If amending the registered agent and/or registered office addinew registered agent and/or the new registered office address | ress in Florida, enter the name of the | | | |
| D. If amending the registered agent and/or registered office addinew registered agent and/or the new registered office address Name of New Registered Agent | ress in Florida, enter the name of the | | | |
| new registered agent and/or the new registered office address Name of New Registered Agent | ress in Florida, enter the name of the | | | |
| new registered agent and/or the new registered office address Name of New Registered Agent | ress in Florida, enter the name of the | | | |

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 | \overline{bL} | <u>John Doe</u> | |
|----------------------------|-----------------|---------------------------------------|-----------------------|
| X Remove | <u>V</u> | Mike Jones | |
| \underline{X} Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | VP | Tasman, Michael B | 7581 BRISTOL BAY LANE |
| Add | | | LAKE WORTH, FL 33467 |
| X Remove | | | |
| 2) Change | S | Tasman, Michael B | 7581 BRISTOL BAY LANE |
| Add | | | LAKE WORTH, FL 33467 |
| X Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | · · · · · · · · · · · · · · · · · · · | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| <u>lf amendi</u> Attach <i>ad</i> i | ng or adding additional / ditional sheets, if necessar | vrticles, ente <u>r e</u> vj. <i>(Be specifi</i> | <u>nange(s) here</u> : <i>c)</i> | | | |
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| f an ame | ndment provides for an | exchange, recla | ssification, or | cancellation o | f issued shares, | |
| nrovisio | ns for implementing the | amendment if n | ot contained i | n the amendm | ent itself: | |
| (if m | ot applicable, indicate N/2 | 1) | | | | |
| (1) 111 | or approximent manerice in | • • | | | | |
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| | 04/01/2019 | |
|---|--|----------------------|
| The date of each amendment(s) a | doption: | , 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 document's effective date on the D | block does not meet the applicable statutory filing requirements, this date will epartment of State's records. | not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| ☐ The amendment(s) was/were ad by the shareholders was/were so | opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval. | |
| | proved by the shareholders through voting groups. The following statement 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 ad action was not required. | opted by the board of directors without shareholder action and shareholder | |
| The amendment(s) was/were adaction was not required. | opted by the incorporators without shareholder action and shareholder | |
| 04/01/201 | • | |
| Dated | | |
| Signature | lu de la companya de | |
| By a c | lirector, president or other officer – if directors or officers have not been ind, by an incorporator – if in the hands of a receiver, trustee, or other court ited fiduciary by that fiduciary) | _ |
| | Michael B Tasman | |
| | (Typed or printed name of person signing) | |
| | VP | |
| | (Title of person signing) | |