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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Special Instructions to Filing Officer:





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C. GOLDEN AUG 2 0 2019



Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.Incserv.com

e-mail: accounting@incserv.com

ORDER FORM

TO_ Florida Department of State
Division of Corporations, Clifton
Building

2661 Executive Center Circle Tallahassee, FL 32301

corphelp@dos.myflorida.com

850-245-6051

FROM Melissa Stops

mstops@incserv.com

850.656.7953

REQUEST DATE 8/19/2019

PRIORITY Routine

OUR REF # (Order ID#) 764846

ORDER ENTITY

VIRTUAL HEALTH SERVICES, INC.

PLEASE PERFORM THE FOLLOWING SERVICES:

VIRTUAL HEALTH SERVICES, INC. (FL)

File the attached amendment

NOTES:

\$35.00 Authorized

Email address for annual report reminders: lperez@dlphaw.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

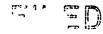
If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Monday, August 19, 2019 Page 1 of 1

Articles of Amendment to Articles of Incorporation of



2019 AUG 19 AM 11: 12

(Name of Corporation as o	currently filed with the Florida Dept. of State)
Virtual Health Services, Inc.	· · · · · · · · · · · · · · · · · · ·
(Document No	umber of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutits Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpora	tion:
	The new
	rporation," "company," or "incorporated" or the abbreviation c," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	[)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office	
Name of New Registered Agent	
	lorida street address)
(, ,	to her than easy
New Registered Office Address:	, Florida
	(City) (Zip Gode)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fo	
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 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 <math>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 Doe	
X Remove	<u>V</u>	Mike Jones	
_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	Rana Kasti	19104 Nature Palm Lane
Add			Tampa, FL 33647
X Remove			
2) Change	VP	Jawahar Vadivelu	3802 Spectrum Blvd., #116 A
X Add	-		Tampa, Fl. 33612
Remove 3) X Change	Р	Mohamad S. Kasti	3802 Spectrum Blvd., #116 A
3) Change			Tampa, FL 33612
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach <i>addit</i>	ional sheets, if necess	ary). (Be specific	·)			
, <u>.</u>						
						
	<u></u>			-		
						
<u>-</u>	<u> </u>					<u>-</u>
· · ·	<u> </u>					
						<u>.</u> .
						
						
_						
f an amend	lment provides for a	n exchange, reclas	sification, or can	cellation of issue	d shares,	
(if not a	for implementing th applicable, indicate N	<u>e amendment it no</u> WA)	t contained in th	<u>le amenoment its</u>	eii:	
-						
						
	<u> </u>		 			
<u> </u>	_ 					
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		-				

The date of each amendment(s) adoption:, if other than the
date this document was signed.
Effective date if applicable: (no more than 90 days after amendment file date)
(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 listed 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)
(voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
■ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
8/15/19
DatedBocuSigned by:
Signature Brut Britton
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Brent Britton
(Typed or printed name of person signing)
Incorporator
(Title of person signing)