P19000055148

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COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPO	RATION: VIRTUAL HEALT	TH SERVICES, INC.	
DOCUMENT NUM	P19000055148		
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Brent Britton, Esq.		
		Name of Contact Person	
	De La Pena & Holiday LLP		
		Firm/ Company	
	400 N. Tampa St., Suite 2840)	
		Address	
	Tampa, FL 33602		
		City/ State and Zip Code	2
For further information	on concerning this matter, plea		
Brent Britton, Esq.		at (
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
An Di P.C	niling Address nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Ameno Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

	of
VIRTUAL HEALTH SERVICES, INC.	2020 C. 0 1 1 FR 5: 1 1
(Name of Corporation	as currently filed with the Florida Dept. of State)
P19000055148	
(Documen	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:	tatutes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corp	poration:
	The _new
name must be distinguishable and contain the word "corp "Inc.," or Co.," or the designation "Corp.," "Inc.," o "chartered," "professional association," or the abbrevio	ooration," "company," or "incorporated" or the abbreviation "Corp" or "Co". A professional corporation name must contain the word ation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	PESS)
	<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(Maning data cas Mar 1927) 1 001 01 1 1 000	
D. If amending the registered agent and/or registered	d office address in Florida, enter the name of the
new registered agent and/or the new registered of	tice address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regis	stered Agent:
Thereby accept the appointment as registered agent. 10	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.

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.

X Change	<u>PT</u>	John Doe		
X Remove	$\underline{\mathbf{V}}$	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address	
1) Change	V	JAWAHAR VADIVELU	3802 SPECTRUM BLVD.	
			#116A	
Add X Remove			TAMPA, FL 33612	
Z Change	DPST	MOHAMAD S. KASTI	3802 SPECTRUM BLVD.	
Add			#116A	
Remove 3) Change			TAMPA, FL 33612	
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

ttach <i>additiona</i>	adding additional Art al sheets, if necessary).	(Be specific)				
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Can amandma	nt provides for an exc	change reclassif	ācation, or can	ellation of issue	d shares.	
an amenume	implementing the am	andmont if not	contained in th	e amendment it	elf:	
provisions for	Implementing the am	enquient ii not	Contained in th			
(іј пот аррі	licable, indicate NA)					
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The date of each amendment(s) addate this document was signed.	doption:, if other than the
Effective date if applicable:	
Effective date in appreciase.	(no more than 90 days after amendment file date)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) ifficient for approval.
☐ The amendment(s) was/were approvided for	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	<u> </u>
,	(voting group)
February Dated Signature	() () () () () () () () () ()
(By a d	irector, president or other officer - lif directors or officers have not been d, by an-incorporator - if in the hands of a receiver, trustee, or other court
	ted fiduciary by that fiduciary)
	Brent Britton, Esq.
	(Typed or printed name of person signing)
	Incorporator
	(Title of person signing)