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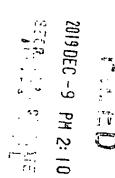
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: 1800 MEDPLUS, INC.
DOCUMENT NUMBER: P15000084096
The enclosed Articles of Amendment and fee are submitted for filling.
Please return all correspondence concerning this matter to the following:
IAN KIDEYS Name of Contact Person
Firm/ Company
1001 NW 163120 DRIVE Address
City/State and Zip Code Vedat a Kalku 2. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
IANI KIDETS at (858) 312 - 3330 Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status (Additional copy is enclosed) Certificate of Status Certificate Opy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

	01		
1800MEDPLUS, INC	eater Clay with the Clayfold	Doug of Causo)	
	itiy filed with the Florida !	Dept. of State)	
<u>460480000819</u>	0.0		
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, thinks Articles of Incorporation:	is Florida Profit Corporatio	on adopts the following	ig amendment(s)
A. If amending name, enter the new name of the corporation:			
1 800 55 PLYSS, INC			The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A	A professional corporation		on "Corp.,"
B. Enter new principal office address, if applicable:	N/A		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)			
	 	.,3	-20
	 	~ 78	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	¥*	ٿَ∹ِ ف
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		775	
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre		e name of the	
Name of New Registered Agent / A			_
(Florida :	street address)		_
New Registered Office Address;		. Florida	
	(City)	(Zip (Code)
New Registered Agent's Signature, if changing Registered Agen	nt:		
hereby accept the appointment as registered agent. I am familia	r with and accept the obliga	ations 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	e, 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.

Example:	, ana sai	iy əmun, əv as an Ada.	
X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
\underline{X} Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change		N/A	
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		-	···
Add			
Remove			
		Page 2 of 4	
E. If amending or addin (Attach additional shed	es additie	onal Articles, enter change(s) here: essary). (Be specific)	
	11/		

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· · · · · · · · · · · · · · · · · · ·		
		
		
		
F. If an amendment provides for an exchange, reprovisions for implementing the amendment (if not applicable, indicate N/A)	t if not contained in the amendment itself:	
N/A		
·		
		
		
	 .	<u> </u>
	Page 3 of 4	
The date of each accessory		16 - A 11 - 1
The date of each amendment(s) adoption: date this document was signed.		, if other than the
Effective date if applicable:	o more than 90 days after amendment file date)	
(20)	o more orani e e miso agrae amanamam jira aanoj	

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/v by the shareholders was	were adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
	were approved by the shareholders through voting groups. The following statement ided for each voting group entitled to vote separately on the amendment(s):
"The number of vo	tes cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
action was not required.	were adopted by the board of directors without shareholder action and shareholder were adopted by the incorporators without shareholder action and shareholder
Dated	ECEMBER 3, 2013
Signature	(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)
	(Typed or printed name of person signing)
	DIRECTOR PRESIDENT (Title of person signing)