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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COL	RPORATION: Lighthouse Med	dical, Inc.	
DOCUMENT N	D10000088080		
The enclosed Ar	ticles of Amendment and fee are	submitted for filing.	
Please return all	correspondence concerning this	matter to the following:	
	Timothy R. Akers		
		Name of Contact Perso	n
	Lighthouse Medical, Inc.		
		Firm/ Company	
	3400 Bayview Dr. #1		
		Address	
	Ft. Lauderdale, FL 33306		
		City/ State and Zip Cod	le
	LighthouseMedicalFL@C	GMAIL.Com	
	E-mail address: (to be	e used for future annual report	t notification)
For further infor	mation concerning this matter, p	olease call:	205-7976
<u>N</u>	Name of Contact Person		ode & Daytime Telephone Number
Enclosed is a ch	eck for the following amount ma	ide payable to the Florida Dep	partment of State:
\$35 Filing F	Fee ☐\$43.75 Filing Fee Certificate of Statu	-	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amen Divisi The C 2415	t Address dment Section on of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Lighthouse Medical, Inc.				
(Name o	of Corporation as currently fil	led with the Florida De	ept. of State)	
P19000088080				
	(Document Number of Co	orporation (if known)	-	
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this <i>Flori</i>	rida Profit Corporation	adopts the followin	ig amendment(s) t
A. If amending name, enter the new na	ame of the corporation:			
				The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Content and association,"	Corp, " "Inc," or "Co". A pr			on "Corp.,"
B. Enter new principal office address, (Principal office address MUST BE A S				
C. Enter new mailing address, if apple (Mailing address MAY BE A POST) D. If amending the registered agent an	OFFICE BOX) - d/or registered office address	in Florida, enter the n	ame of the	ZOZO HAR I O AM 8:
new registered agent and/or the nev			17	17
Name of New Registered Agent	Timothy R. Akers			_
	3400 Bayview Dr. #1, Ft. Lauc	ierdale, FL 33306		
	(Florida street a	(ddress)	-	-
New Registered Office Address:	(Cit	n)	, Florida(Zip C	Code)
New Registered Agent's Signature, if classification in the Agent's Signature, if classification is registered.	ered agent. I am familiar with	and accept the obligation Solution Stered Agent, if changing	ons of the position.	-

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 PTJohn Doe X Remove V Mike Jones <u>X</u> Add <u>SV</u> Sally Smith Type of Action Title Address **Name** (Check One) Christina Akers 3400 Bayview Dr., #1 1) ____ Change Ft. Lauderdale, FL ____ Add 33306 Remove PΤ Timothy R. Akers 3400 Bayview Dr., #1 2) ____ Change Ft. Lauderdale, FL _ Add 33306 __ Remove VS Tristan Akers 3400 Bayview Dr., #1 3) ____ Change Ft. Lauderdale, FL Add 33306 __ Remove 4) ____ Change __ Add Remove 5) ____ Change ___ Add __ Remove 6) ____ Change ___ Add __ Remove

	adding additional Art il sheets, if necessary).	(Be specific)				
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an amendmer	nt provides <u>for an excl</u>	hange, reclassifica	tion, or cancella	tion of issued sl	hares,	
nravisions for i	implementing the ame	endment if not cor	stained in the an	<u>iendment itself:</u>	<u>:</u>	
(if not anni	исате, таксае (у/А)					
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The date of each amendment(s) ad	option:	, 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 bl document's effective date on the De	ock does not meet the applicable statutory filing requirements, this partment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were ado action was not required.	nted by the incorporators, or board of directors without shareholder a	ction 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 amendme fficient for approval.	ent(s)
	roved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	gment
"The number of votes cast i	or the amendment(s) was/were sufficient for approval	
Officers by	•	
	(voting group)	
February 26 Dated	. 220	
Signature	Aristino alle	
selected	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 conditionally by that fiduciary)	
_	CARISTINA AKERS	
	(Typed or printed name of person signing)	
	President	
-	(Title of person signing)	