P22000018348

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JUL 29	2022
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: VITALITY HOM	E MONITORING	INC	 _
DOCUMENT NUM	BER: P22000018348			
The enclosed Article.	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	itter to the followin	ng:	
	DEBBIE EISENBERG			
	· · · · · · · · · · · · · · · · · · ·	Name of Conta	ict Person	
	PORGES. EISENBERG AND LEVINE CPA LLC			
		Firm/ Com	pany	
	1880 N CONGRESS AVE, S	SUITE 215		
		Addres	SS	
	BOYNTON BEACH, FL 33	426		
		City/ State and	Zip Code	
	deisenberg@pelcpa.com			
	E-mail address: (to be us	sed for future annu	al report i	notification)
For further information	on concerning this matter, pleas		I	737-5568
Name	of Contact Person	at (Area Cod	e & Daytime Telephone Number
Enclosed is a check f	or the following amount made			
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Certified Cop (Additional co enclosed)	y.	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
An Div P.C	niling Address nendment Section vision of Corporations D. Box 6327 lahassee, FL 32314		Division The Ce 2415 N	Address ment Section of Corporations of Tallahassee . Monroe Street, Suite 810 ssee, FL 32303

Articles of Amendment to Articles of Incorporation of

VITALITY HOME MONITORING INC

(Name of Corporation	on as currently filed with the Florida Dept.	of State) Ca P
P22000018348		بن آين
(Docum	nent Number of Corporation (if known)	5
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this <i>Florida Profit Corporation</i> add	opts the following amendment(s) to
A. If amending name, enter the new name of the co	orporation:	
VITALITY RPM INC		The new
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbre	or "Co". A professional corporation na	or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADD</u>		 ,·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u>(X</u>)	
D. If amending the registered agent and/or register new registered agent and/or the new registered of Name of New Registered Agent		e of the
	·	
	(Florida street address)	
New Registered Office Address:	,	Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regil hereby accept the appointment as registered agent.		of the position.
Siana	ture of New Registered Agent, if changing	
·	ant ty from registered Agem, y 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)

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	<u>Y</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	D	Cecilia Noy	8514001 St
Add			DOWNEY CA 40242
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	or adding additiona ional sheets, if necess	sary). (Be specific)			
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'an amandi	ment provides for a	n exchange, reclassific	nation or cancellatio	n of icenad charac	
<u>provisions f</u>	for implementing th	e amendment if not co	ontained in the amen	dment itself:	
(if not a	pplicable, indicate N	VA)			
					-
					-

The date of each amendment(s) adoption:	other than the
•	
Effective date if applicable: too 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 document's effective date on the Department of State's records.	e listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.	older
☐ 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)	
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)	
CHRISTIAN CARDENAS	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	

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