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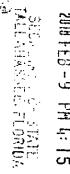
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C. GOLDEN

FEB 1 2 2018

COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Nirvana Health Services, Inc P94000019238 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Raquel Mannette Name of Contact Person Nirvana Health Services Firm/ Company 220 E Central Parkway, Suite 2070 Address Altamonte Springs, FL 32701 City/ State and Zip Code rmannette@nirvanahealthsystems.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (407) 647-5008

Area Code & Daytime Telephone Number Raquel Mannette Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment to Articles of Incorporation of

FILED

2018 FEB - 9 PH 4: 15

Nirvana Health Services, Inc		
(Name of Corp	oration as currently filed with the Flori	ida Dept. of State)
P94000019238		IALLAHASSEE, FLORIDA
(D	Occument Number of Corporation (if know	vn)
tursuant to the provisions of section 607.1006, F	Florida Statutes, this Florida Profit Corpor	ration adopts the following amendment
. If amending name, enter the new name of t	the corporation:	
N/A		The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," o	'Corp," "Inc," or "Co". A professional or the abbreviation "P.A."	"incorporated" or the abbreviation
B. Enter new principal office address, if appli	icable: N/A	
Principal office address <u>MUST BE A STREET</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	E BOX)	
D. If amending the registered agent and/or renew registered agent and/or the new registered.		the name of the
Name of New Registered Agent N/A		
	(Florida street address)	
	,	
New Registered Office Address:	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changin	a Registered Agent	
I hereby accept the appointment as registered as		bligations 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, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Remove

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>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) X Change	С	Leo Mendez	220 E Central Parkway, Suite 2070
Add			Altamonte Springs, FL 32701
Remove			
2) Change	SD	Becky E Mitchell	220 E Central Parkway, Suite 2070
Add			Altamonte Springs, FL 32701
X Remove			
3) Change	PD/CEO	Becky Mitchell Vaughn	220 E Central Parkway, Suite 2070
X Add			Altamonte Springs, FL 32701
Remove			
4) X Change	V/CFO	Andre Allong	220 E Central Parkway, Suite 2070
Add			Altamonte Springs, FL 32701
Remove			
5)Change	SD	Joyce Magbanua	220 E Central Parkway, Suite 2070
XAdd			Altamonte Springs, FL 32701
Remove			
6) Change			
Add			

(Attach ad	ing or adding additional Articles, enter change(s) here: ditional sheets, if necessary). (Be specific)	
√A		
		
		
. <u>II an ame</u> provisio	endment provides for an exchange, reclassification, or cancellation of issued shares, us for implementing the amendment if not contained in the amendment itself:	
(if n	ot applicable, indicate N/A)	
N/A		
		
		

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)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will redocument's effective date on the Department of State's records.	not be listed as the
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.	
Dated	
Dated 2/02/18 Signature LM-ender	
(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)	
LEO MENDEZ	
(Typed or printed name of person signing)	
(Title of person signing)	
(Title of person signing)	