P9400085129

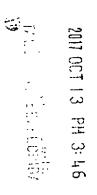
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: SUNLIFE PEDIAT	TRIC NETWORK, INC.	
DOCUMENT NUM	P94000083129		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	BEVON CHRISTIE		
		Name of Contact Person	1
	1224 (2004). INC.		
		Firm/ Company	
	403 NW 68TH AVENUE, SU	JITE 118	
		Address	· -
	PLANTATION, FL 33317		
		City/ State and Zip Code	e
REV	ON@1224INC.COM		
	=	sed for future annual report	notification)
	•	•	,
For further information	on concerning this matter, pleas	se call:	
BEVON CHRISTIE		954 at (895-7412
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check fi	or the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
An Div P.C	illing Address mendment Section vision of Corporations D. Box 6327 lahassee, FL 32314	Amenc Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation οf

FILED

2017 OCT 13 PM 3: 46

SUNLIFE PEDIATRIC NETWORK, INC. (Name of Corporation as currently filed with the Florida Dept. of State) P94000083129 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: , Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

N/17
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)

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: 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>	<u>Addres</u> s
1) Change	P	MARIO D. ZAMBRANO	10794 PINES BLVD, #102
X Add			PEMBROKE PINES, FL 33026
Remove			
2) X Change	VP	SHIRLEY E. CAMPBELL-MOGO	11068 WHITEHAWK STREET
Add			PLANTATION, FL 33324
Remove			·
3) Change			
Add			
Remove			
4) Change	-	_	
Add			
Remove			
5) Change			<u> </u>
Add			
Remove			
6) Change			
Add			
Remove			

attach <i>addition</i>	al sheets, if necessary).	(Be specific)				
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f an amendme	nt provides for an exc implementing the am	hange, reclassifi	cation, or cancel	lation of issued s	hares,	
if not app	intplementing the all licable, indicate N/A)	енаменси посс	ontained in the a	<u>menamem usen</u>	<u>•</u>	
	/A					
		.				

	SEPTEMBER 26, 2017	
The date of each amendment() date this document was signed.	s) adoption:	, if other than the
Effective date <u>if applicable</u> :	SEPTEMBER 26, 2017	
Enterior date in applicable.	(no more than 90 days after amendment file date)	
	is block does not meet the applicable statutory filing requirements, this Department of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendme sufficient for approval.	ent(s)
	approved by the shareholders through voting groups. The following state for each voting group entitled to vote separately on the amendment(s):	tement
"The number of votes	east for the amendment(s) was/were sufficient for approval	
- by	(voting group)	
	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder action actio	older
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholde	r
Dated	10-10-17	
Signature	10-10-17 Moces	
(B) sel	a director, president or other officer – if directors or officers have not be ected, by an incorporator – if in the hands of a receiver, trustee, or other pointed fiduciary by that fiduciary)	
	SHIRLEY E. CAMPBELL-MOGG MD	
	(Typed or printed name of person signing)	
	VICE PRESIDENT	
	(Title of person signing)	