

LAW OFFICES

PATRICIA HENRYS, P.A.

P95000088295

November 3, 1998

VIA U.S. MAIL

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-11/05/98--01051--013

*****35.00 *****35.00

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Personal Touch Healthcare, Inc.

Dear Sir or Madam:

Please find enclosed one (1) original and one (1) copy of the Articles of Amendment to Articles of Incorporation of Personal Touch Healthcare, Inc. for filing by your agency. The filing fee for said articles of amendment in the amount \$35.00 is also enclosed herewith. Kindly return one (1) stamped copy to the undersigned at the address indicated below.

Very truly yours,

Patricia Henrys

Enclosure

cc: Personal Touch Healthcare, Inc.

Amend
11-6-98
DHS

FILED
98 NOV -5 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PATRICIA HENRYS, ESQ.
ATTORNEY AT LAW

800 BRICKELL AVENUE, SUITE 550
MIAMI, FLORIDA USA 33131
TELEPHONE: 305-374-6300
TELEFAX: 305-374-7444

ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF

FILED

98 NOV -5 PM 3:55

PERSONAL TOUCH HEALTHCARE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(present name)

Pursuant to the provisions of section 607.1006, Florida Statutes, this corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: *(indicate article number(s) being amended, added or deleted)*

ARTICLE I - NAME

The principal place of business and the mailing address of this corporation in the State of Florida shall be: 3525 N.W. 82nd Street, Miami, Florida 33147.

ARTICLE VI - REGISTERED OFFICE AND AGENT

The name and address of the registered agent and office is:

PATRICIA HENRYS 800 Brickell Avenue, Suite 550
Miami, Florida 33131.

ARTICLE VII - BOARD OF DIRECTORS AND OFFICERS

The name and street address of the Board of Directors of this corporation are:

RAY A. COLEMAN 3525 N.W. 82nd Avenue
President Miami, Florida 33147.

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

THIRD: The date of each amendment's adoption: November 3, 1998

FOURTH: Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) 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

☒ 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.

Signed this day 3rd of November, 1998.

Signature Ray A. Coleman
(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

RAY A. COLEMAN

Typed or printed name

President

Title

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

PERSONAL TOUCH HEALTHCARE, INC.

2. The name and address of the registered agent and office is:

PATRICIA HENRYS

**800 Brickell Avenue, Suite 550
Miami, Florida 33131**

**FILED
98 NOV -5 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.


By: **PATRICIA HENRYS**

11-3-98
Date