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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Dade Medical, In	ic.			
DOCUMENT NUM					
	s of Amendment and fee are st	abmitted for filing.			
Please return all corre	espondence concerning this ma	atter to the following:			
	Linda Mendez				
		Name of Contact Perso	n		
	Integrated Home Care Services, Inc.				
		Firm/ Company			
	3700 Commerce Parkway	• •			
	-	Address			
	Miramar FL, 33025				
		City/ State and Zip Cod	С		
lmer	ndez@ihcscorp.com		,		
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call:			
Linda Mendez		at (1		
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)		
Am Div P.O	iling Address endment Section vision of Corporations b. Box 6327 lahassee, FL 32314	Amenc Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Dade Medical, Inc.	
(Name of Corporation as curren	ntly filed with the Florida Dept. of State)
V49577	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporat" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	· "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
	
	<u> </u>
o no di anno di	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	事。
	<u> </u>
D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office address.	dress in Florida, enter the name of the
Name of New Registered Agent	
Hame by New Negator Co. 13 gain.	
(Florida	street address)
	Planita
New Registered Office Address:	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age	ent:
I hereby accept the appointment as registered agent. I am familio	ir with and accept the obagations of the position.
Signature of Nev	w 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.

X Change	PT Jo	ohn Doe	
X Remove	<u>V</u> <u>M</u>	like Jones	
X Add	<u>SV</u> <u>Sa</u>	ally Smith	
Type of Action (Check One)	Title	Name	Address
X Change	P	Rene J. Valverde	3700 Commerce Parkway
Add			Miramar, FL 33025
X Remove			
2) X Change	C	Raul Rodriguez	3700 Commerce Parkway
Add			Miramar, FL 33025
X Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			·····
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(у погаррисате, таксые 1972)	
	

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 dedocument's effective date on the Department of State's records.	ate will 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(by the shareholders was/were sufficient for approval.	s)
☐ 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):	ent
"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.	er
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated9.14.18	
Signature (By a director, president of other officer – if directors or officers have not been	
selected, by arrincorporator - if in the hands of a receiver, truster, or other cour	t
appointed fiduciary by that fiduciary)	
Linda Mendez	
(Typed or printed name of person signing)	
$C\omega$	
(Title of person signing)	