

P970000 73022

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

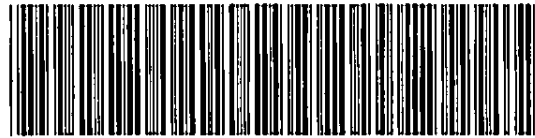
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
19 APR -9 PM 2:36

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SOUTHWESTERN MEDICAL SOLUTIONS, INC

DOCUMENT NUMBER: P97000073022

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ISRAEL RIVERA
Name of Contact Person

GLOBAL HABITAT RESOURCES, INC.
Firm/ Company

1336 SPAGUE ST
Address

HENDERSON, NV 89011
City/ State and Zip Code

bartervegas@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ISRAEL RIVERA at (702) 728-9911
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 19 APR -9 PM 2:35



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 5, 2019

ISRAEL RIVERA
1336 SPAGUE STREET
HENDERSON, NV 89011

SUBJECT: SOUTHWESTERN MEDICAL SOLUTIONS, INC.
Ref. Number: P97000073022

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You can check only one (1) box regarding the adoption of amendment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 919A00006844

Articles of Amendment
to
Articles of Incorporation
of

SOUTHWESTERN MEDICAL SOLUTIONS, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P97000073022

(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:

GLOBAL HABITAT RESOURCES, INC.

The new 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)

3981 BIDDLE ST

SAN DIEGO, CA

92111

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

3981 BIDDLE ST

SAN DIEGO, CA

92111

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DIVISION OF CORPORATIONS
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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 N/A

(Florida street address)

New Registered Office Address: N/A, 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

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:

Change PT John Doe
 Remove V Mike Jones
 Add SV Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>PTD</u>	<u>ISRAEL RIVERA</u>	<u>1336 SPAGUE ST</u> <u>HENDERSON, NV</u> <u>89011</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>YANINA RIVERA</u>	<u>1336 SPAGUE ST</u> <u>HENDERSON, NV</u> <u>89011</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>PCFO</u>	<u>JEREMY DAVEY</u>	<u>1765 HILLARD DR</u> <u>SAN MARINO, CA</u> <u>91108</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>TABITHA CORREA</u>	<u>3981 BIDDLE ST</u> <u>SAN DIEGO, CA</u> <u>92111</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>SD</u>	<u>DANIEL CORREA</u>	<u>3981 BIDDLE ST</u> <u>SAN DIEGO, CA</u> <u>92111</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

N/A

F. 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:

(if not 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 not be listed as the document's effective date on the Department of State's records.

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)
- 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 3/14/19

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)

ISRAEL RIVERA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)