

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM345591

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Giftrap Corporation		08/26/2011	CORPORATION: FLORIDA
RECEIVING PARTY DATA			
Name:	Optima Healthcare Solutions, Inc,		
Street Address:	4229 SW High Meadows Avenue		
City:	Palm City		
State/Country:	FLORIDA		
Postal Code:	34990		
Entity Type:	CORPORATION: FLORIDA		
PROPERTY NUMBERS Total: 3			
Property Type	Number	Word Mark	
Serial Number:	78285711	REHAB OPTIMA	
Registration Number:	3037510	QI PROACTIVE	
Registration Number:	2899685	GIFTRAP HEALTH CARE SOLUTIONS	
CORRESPONDENCE DATA			
Fax Number:	7724088086		
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.</i>			
Phone:	561-627-8100		
Email:	ladams@haileshaw.com		
Correspondent Name:	Leslie C. Adams, Esq.		
Address Line 1:	660 U.S. Highway One, Third Floor		
Address Line 4:	North Palm Beach, FLORIDA 33408		
NAME OF SUBMITTER:	Leslie C. Adams		
SIGNATURE:	/LCA/		
DATE SIGNED:	06/24/2015		
Total Attachments: 5			
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V59034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

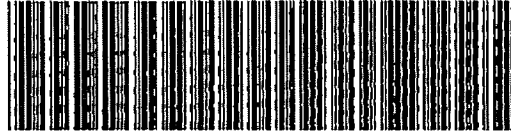
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILED
11 AUG 29 PM 4: 26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRADEMARK

REEL: 005559 FRAME: 0425

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: GIFTRAP CORPORATION

DOCUMENT NUMBER: V59034

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

Please return all correspondence concerning this matter to the following:

Louis E. Lozeau, Jr.
Name of Contact Person

Wright, Ponsoldt + Lozeau, Trial Attorneys, LLP
Firm/ Company

1002 SE Monterey Commons Blvd, Suite 100
Address

Stuart, FL 34996
City/ State and Zip Code

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

For further information concerning this matter, please call:

Louis E. Lozeau, Jr. at (772) 286-5566
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

Articles of Amendment
to
Articles of Incorporation
of

GIFTRAP CORPORATION

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

V59034

(Document Number of Corporation (if known))

FILED
11 AUG 29 PM 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

OPTIMA HEALTHCARE SOLUTIONS, 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)

C. Enter new mailing address, if applicable:

(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:

New Registered Office Address:

(Florida street address)

(City)

_____, Florida
(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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<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)

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)

The date of each amendment(s) adoption: 8-26-11


Effective date if applicable: 8-26-11
(date of adoption is required)
(no more than 90 days after amendment file date)

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 8-26-11

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)

STEVE MACKIE
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)