## P100000 99132

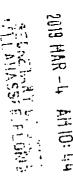
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WIR TO JULY

Tallahassee, FL 32314

TO: Amendment Section

## COVER LETTER

Division of Corporations NAME OF CORPORATION: \_ CWH MD LEGAL, INC. DOCUMENT NUMBER: P10000099732 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Barry E. Haimo, Esq. Name of Contact Person Haimo Law Firm/ Company 8201 Peters Road, Suite 1000 Address Plantation, FL 33324 City/ State and Zip Code barry@haimolaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Barry E. Haimo Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □S43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

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## Articles of Amendment to Articles of Incorporation of

	0	icorporation If	
WH MD LEGAL, Inc.			节节
(Name of Co	rporation as curren	tly filed with the Florida Dept. of State	) 19.7.
0000099732			14 5
	(Document Number	of Corporation (if known)	Q1, F
rsuant to the provisions of section 607.1006 Articles of Incorporation:	. Florida Statutes, this	s Florida Profit Corporation adopts the	following amendmen
If amending name, enter the new name of	of the corporation:		
'A			<i>The new</i>
me must be distinguishable and contain . Lorp.," "Inc.," or Co.," or the designation or a chartered," "professional association,	r "Corp," "Inc," or	"Co". A professional corporation nam "P.A."	
Enter new principal office address, if ap		710 Ponce De Leon Blvd	
rincipal office address <u>MUST BE A STRE</u>	ET ADDRESS )	Belleair, FL 33756	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		710 Ponce De Leon Blvd	
		Belleair, FL 33756	
			<del></del>
			<del></del>
If amending the registered agent and/or			
new registered agent and/or the new reg		<u>ss:</u>	
Name of New Registered Agent	·		
mme in sen negisieren agem			
Same of Sea negratived signal			
Same of Sea negratived signal	(Florida s	treet address)	
New Registered Office Address: N/A		treet address)	

## If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, a 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 officeld. 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 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>P.L</u>	John De	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>mes</u>	
<u>X</u> Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change		_	N/A	
Add				
Remove				
2) Change		_	N/A	
Add				
Remove				
3 ) Change			N/A	
Add				
Remove				
4) Change		_	N/A	
Add				
Remove		•		
5) Change			N/A	
Add		_		
Remove				
(1)			N/A	
6) Change		_		
Add				
Remove				

A	idditional sheets, if neces	sary). (Be specific				
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		•				
lf an an	nendment provides for a	in exchange, rectas:	sification, or can	cellation of issued	shares.	
provisi	ons for implementing th	<u>ie amendment if no</u>	t contained in th	<u>e amendment itsel</u>	<u>f:</u>	
	not applicable, indicate :	V/A1				
<b>\</b>				<del></del>		
		_				
			<del></del>			

	. N/A	
date this document was signed.	ption:	if other than
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Department.	ck does not meet the applicable statutory filing requirements, this date will artment of State's records.	not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopt by the shareholders was/were suffi	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.	
	oved by the shareholders through voting groups. The following statement ich voting group entitled to vote separately on the amendment(s):	
	r the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopt action was not required.	ed by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and shareholder	
January 8,	2019   3:38 AM PST  opher Hodgkins  cee40845E	
Clunist	opher Hodokins	
Signature	C6E40B4SE.	_
(By a dire selected,	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court I fiduciary by that fiduciary)	
C	hristopher Hodgkins	
_	(Typed or printed name of person signing)	<del></del>
Pt	resident	
	(Title of person signing)	