

P21000048212

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

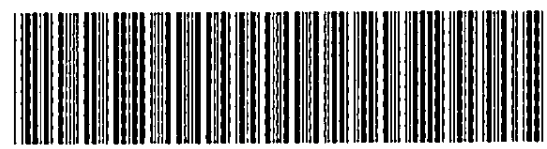
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:  
Matthew Mican Okayed  
the Title w/ Treasa  
Spencer Kimmann  
Auth Adoption  
6/8/21

Office Use Only



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ALLAHASSEE: LUN  
2021 JUN -4 AM 4:02

cc  
Amend

2021 JUN -8 PM 3:39

JUN 08 2021  
I ALBRITTON

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

(OFFICE USE ONLY)

Corporation Name & Document Number, (if known):

1. BEHIRED HEALTHCARE INC P21000048212  
(Business Name) Document #

Walk in  Pick up time \_\_\_\_\_  
 Mail out  Will wait \_\_\_\_\_  
 Photocopy

Certified Copy (please stamp each page)

Certificate of Status

**NEW FILINGS**

Profit  
 Not for Profit  
 Limited Liability  
 Domestication  
 Other

**AMMENDMENTS**

Amendment  
 Resignation of R.A. Officer/Director  
 Change of Registered Agent  
 Dissolution/Withdrawal  
 Merger  
 Conversion

**OTHER FILINGS**

Annual Report  
 Fictitious Name  
 APOSTIL ( ) \_\_\_\_\_

**REGISTRATION/QUALIFICATIONS**

Foreign  
 Limited Partnership  
 Reinstatement  
 Trademark  
 Other

Country

EXAMINER'S INITIALS: 101

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: BEHIRED HEALTHCARE INC

DOCUMENT NUMBER: P21000048212

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

Please return all correspondence concerning this matter to the following:

CESAR MARDIROSSIAN

Name of Contact Person

LIGHTHOUSE FINANCIAL GROUP USA INC

Firm/ Company

11471 W SAMPLE RD SUITE 6

Address

CORAL SPRINGS FL 33065

City/ State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CESAR MARDIROSSIAN

at ( 954 ) 678 2990

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 7, 2021

FLORIDA CAPITAL COURIER SERVICES, INC

SUBJECT: BEHIRED HEALTHCARE INC  
Ref. Number: P21000048212

We have received your document for BEHIRED HEALTHCARE INC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information. <http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/>

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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.

Irene Albritton  
Regulatory Specialist II

Letter Number: 521A00012320

Articles of Amendment  
to  
Articles of Incorporation  
of

BEHIRED HEALTHCARE INC

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

P2100004812

(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:**

\_\_\_\_\_ 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**)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FILED  
2021 JUN -8  
PH 3:39

**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 \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office Address: \_\_\_\_\_, 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*

**Check if applicable**

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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:**

X Change                    PT        John Doe

X Remove                    V         Mike Jones

X Add                         SV        Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <u>X</u> Change	<u>CRO</u>	<u>MICHAEL BOUDREAU</u>	<u>123 SE 15TH ST APT#W</u>
<u>      </u> Add			<u>DEERFIELD BEACH FL 33441</u>
<u>      </u> Remove			
2) <u>      </u> Change			
<u>      </u> Add			
<u>      </u> Remove			
3) <u>      </u> Change			
<u>      </u> Add			
<u>      </u> Remove			
4) <u>      </u> Change			
<u>      </u> Add			
<u>      </u> Remove			
5) <u>      </u> Change			
<u>      </u> Add			
<u>      </u> Remove			
6) <u>      </u> Change			
<u>      </u> Add			
<u>      </u> Remove			



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)

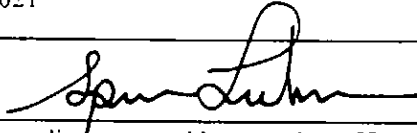
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

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)

06/42021  
Dated \_\_\_\_\_

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)

SPENCER LIEBMANN  
\_\_\_\_\_  
(Typed or printed name of person signing)

CEO  
\_\_\_\_\_  
(Title of person signing)