

S50584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

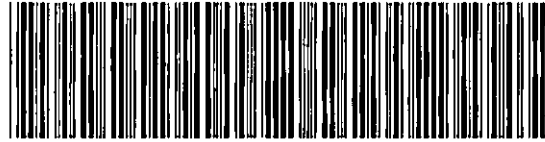
(Document Number)

Certified Copies _____

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Amend

FILED
2023 OCT 16 AM 9:42

RECEIVED
2023 OCT 16 PM 2:15
DISTRICT OFFICE
DIVISION OF CORPORATIONS
& TALLAHASSEE, FLORIDA

A. RAMSEY
OCT 17, 2023

CT CORP
(850) 656- 4724
3558 lakesore Drive
Tallahassee, FL 32312

Date: 10/16/2023

Acc#120160000072

en: c DW

Name:	Managed Care of North America, Inc.
Document #:	
Order #:	15175080

Certified Copy of Arts & Amend:	☐		
Plain Copy:	☐		
Certificate of Good Standing:	☐		
Certified Copy of	☐		
Apostille/Notarial Certification:	☐	Country of Destination:	
		Number of Certs:	

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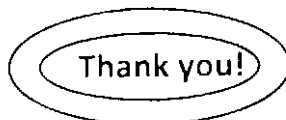
Updater _____

Verifier _____

W.P. Verifier _____

Ref# _____

Amount: \$ **43.75**



Articles of Amendment
to
Articles of Incorporation
of

Managed Care of North America, Inc.

FILED

2023 OCT 16 AM 9:42

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

S50584

(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)

7901 SW 6th Ct., Suite 400

Plantation, Florida, 33324

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

P.O. Box 740370

Atlanta, Georgia, 30374

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:

(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

Check if applicable

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

1) _____ Change	_____	_____	_____
_____ Add			_____
_____ Remove			_____
2) _____ Change	_____	_____	_____
_____ Add			_____
_____ Remove			_____
3) _____ Change	_____	_____	_____
_____ Add			_____
_____ Remove			_____
4) _____ Change	_____	_____	_____
_____ Add			_____
_____ Remove			_____
5) _____ Change	_____	_____	_____
_____ Add			_____
_____ Remove			_____
6) _____ Change	_____	_____	_____
_____ Add			_____
_____ Remove			_____

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This image shows a single sheet of white paper with horizontal blue or grey ruling lines, typical of notebook paper. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

October 16, 2023

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)

October 16, 2023
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)

Michael C. Brody

(Typed or printed name of person signing)

Secretary

(Title of person signing)

**SECOND AMENDMENT
TO THE
AMENDED AND RESTATED
ARTICLES OF INCORPORATION
OF
MANAGED CARE OF NORTH AMERICA, INC.**

Pursuant to Section 607 of the Business Corporation Act of the State of Florida, the undersigned, being an authorized officer of Managed Care of North America, Inc. (hereinafter the "Corporation"), a Florida Corporation, desiring to amend its Articles of Incorporation does hereby certify:

ARTICLE VII. MAILING ADDRESS AND PRINCIPAL OFFICE

Article VII is hereby deleted in its entirety and replaced with the following:

The street address of the principal place of business of the Corporation is 7901 SW 6th Ct., Suite 400, Plantation, Florida 33324, but different and other offices or places for conducting business, both within and without the State of Florida may be established from time to time. The mailing address of the Corporation is P.O. Box 740370, Atlanta, Georgia, 30374.

In Witness Whereof, the undersigned has executed this Second Amendment to the Amended and Restated Articles of Incorporation with an effective date of October 16, 2023.



Michael C. Brody
Secretary