Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210001875083)))



H210001875083ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:	Division of Co.		
	Division of Co		
	Fax Number	: (850)617-6380	
			د.
From:			•
	Account Name	: REGISTERED AGENTS INC.	
	Account Number		
		: (307)200-2803	
	Fax Number	· · · · · · · · · · · · · · · · · · ·	
	rax Number	. (033)330-1010 (7) (
			⊒¥
		The Contract of the Contract o	53
*Enter the ϵ	email address for	this business entity to be used for futu	re.
annual	report mailings.	this business entity to be used for future Enter only one email address please.	\dot{N}
		(II)	Çī

COR AMND/RESTATE/CORRECT OR O/D RESIGN STAGE 4 ENTERPRISES INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help હાઈ Help

PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I (1-3 MUST BE COMPLETED)

	F19000002113				
	(Document number of corporation (if known)			
STAGE 4 ENTERPRISES INC.					
(Name	e of corporation as it appears on the records of	the Department of Stat	te)		
2. <u>DE</u>	3.05/01/20	019			
(Incorporated o	inder laws of) (Date authorized to do b	usiness in Flor	rida)	
	SECTION II (4-7 COMPLETE ONLY THE APPLICA	BLE CHANGES)			
4. If the amendment changes the name incorporation? 04/15/2021	e of the corporation, when was the change effe		ts jurisdiction	of	
4th Dimension EMR, Inc.					
(Name of corporation after the ame not contained in new name of the c	endment, adding suffix "corporation," "compareorporation)	ny," or "incorporated,"	or appropriate	abbrev	iation, if
(If new name is unavailable in Flori	ida, enter alternate corporate name adopted for	the purpose of transact	ting business i	n Floric	ia) .
6. If the amendment changes the	period of duration, indicate new period of duration	ation.		PH 12: 2:	
	(New duration)	· · · · · · · · · · · · · · · · · · ·		25	
7. If the amendment changes the	jurisdiction of incorporation, indicate new juri	isdiction.			
	(New jurisdiction)		-		
8. If amending the registered agent new registered agent and/or the i		enter the name of the	-		
ivame of ivew Regisserea Agen			.		
	(Florida street address)				
New Registered Office Address:	(Ciry)	, Florida_	(Zip Codc)		
	• •		• • •		
New Registered Agent's Signatu I hereby accept the appointment as	re, if changing Registered Agent: s registered agent. I am familiar with and acc	ept the obligations of t	he position.		
Signature of New	v Registered Agent, if changing				

Title/ Capacity	Name	Address	Type of Action
			Add
			Remove
			Add
			Remove
		<u> </u>	QAdd
			□Add
			□Add
			Remove
 Attached is a certific of the application to t under the laws of wh 	ate or document of similar import, e he Department of State, by the Secret ich it is incorporated.	videncing the amendment, authentic ary of State or other official having c	eated not more than 90 days prior to deliver ustody of corporate records in the jurisdiction
<u> </u>	Signature of a direct	tor, president or other officer - if in t	the hands of
	a receiver or other c	ourt appointed fiduciary, by that fidu	iciary)
ROBERT POL	LACK	CDP	

FILING FEE \$35.00

STATE OF DELAWARE **CERTIFICATE OF AMENDMENT** OF CERTIFICATE OF INCORPORATION

The corporation organized and existing under and by virtue of the General

Corporation Law of the	e State of Delaware does here	eby certify:
FIRST: That at a mee STAGE 4 ENTERPE	ting of the Board of Director RISES INC.	s of
Certificate of Incorpo be advisable and call	ration of said corporation, ing a meeting of the stockl	proposed amendment of the declaring said amendment to nolders of said corporation for th the proposed amendment is
•	Certificate of Incorporation e thereof numbered "FIRST	of this corporation be amended " so that, as
	shall be and read as follows:	30 uiat, as
	poration is 4th Dimension	
special meeting of the upon notice in accord the State of Delaware:	e stockholders of said corpor ance with Section 222 of that at which meeting the necessa	on of its Board of Directors, a ration was duly called and held ne General Corporation Law of ary number of shares as required
THIRD: That said	n favor of the amendment. amendment was duly add 42 of the General Corporation	opted in accordance with the on Law of the State of
IN WITNESS WHE	REOF, said corporation ha	s caused this certificate to be
signed this 3rd	day of May	, 20 <u>21</u>
	By: /s/ Carol Le	e
	Author	rized Officer
	Title: CFO	
	Name: Carol Lee	
		r Type

State of Delaware Secretary of State Division of Corporations Delivered 09:52 AM 05/03/2021 FILED 09:52 AM 05/03/2021 SR 20211552842 - File Number 7252757