

F24000002798

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

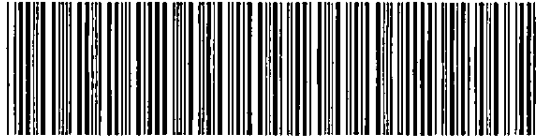
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



600432261526

*Amend*

06/28/24--01002--003 \*\*35.00

FILED  
2024 JUN 27 AM 10:48  
RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2024 JUN 27 PM 4:08

A. RAMSEY  
JUN 28. 2024

**COVER LETTER**

**TO:** Amendment Section Division of Corporations

**SUBJECT:** A Totality of Care Inc

\_\_\_\_\_  
Name of Corporation

**DOCUMENT NUMBER:** F24000002798

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Zena Alleyne

\_\_\_\_\_  
Name of Contact Person

A Totality of Care Inc

\_\_\_\_\_  
Firm/Company

66 W Flagler Street Suite 900

\_\_\_\_\_  
Address

Miami, FL 33130

\_\_\_\_\_  
City/State and Zip Code

zalleyne@totalityofcare.com

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

For further information concerning this matter, please call:

Zena Alleyne

at ( 786 ) 323-6800

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$35 Filing Fee

\$43.75 Filing Fee &  
Certificate of Status

\$43.75 Filing Fee &  
Certified Copy

\$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy

**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

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR**  
**AUTHORIZATION TO TRANACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

F24000002798

\_\_\_\_\_  
(Document number of corporation (if known))

1. A Totality of Care Inc

\_\_\_\_\_  
(Name of corporation as it appears on the records of the Department of State)

2. ILLINOIS

\_\_\_\_\_  
(Incorporated under laws of)

3. May 2, 2024

\_\_\_\_\_  
(Date authorized to do business in Florida)

FILED  
2024 JUN 27 AM 10:48  
TALLAHASSEE, FLORIDA  
STATE SECRETARY OF REVENUE

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? \_\_\_\_\_

5. \_\_\_\_\_  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

\_\_\_\_\_  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

\_\_\_\_\_  
(New jurisdiction)

8. 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*

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Treasure	Kwame Anthony	2111 S Wabash	<input type="checkbox"/> Add
		Chicago, IL 60616	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

*Zena Alleyne*

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Zena Alleyne

(Typed or printed name of person signing)

President

(Title of person signing)

**FILING FEE \$35.00**