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SECRETARY OF STA

COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPO	RATION: SCOTT SWALLO	WS CRNA PA		
DOCUMENT NUM	BER: K00107			
	s of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	JO ANNE PINAUD			
		Name of Contact Person	n	-
		Firm/ Company		
9914 SAN DIEGO WAY				
		Address		-
PORT RICHEY, FL 34668				~
	City/ State and Zip Code			SEC THE
	JOPIN53@AOL.COM			量量
	E-mail address: (to be us	sed for future annual report	notification)	- B
Lar fauthor information	on concerning this matter, plea	es mille		SECRETARY STATE
roi unuei moimade	on concerning this matter, piea	se can.		한일 표
JO ANNE PINAUD		at (727	849-9645	严当军
Name of Contact Person		Area Co	349-9645 de & Daytime Telephone Numbe	er () (
Enclosed is a check f	or the following amount made	payable to the Florida Dep	artment of State:	
S35 Filling Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
An	uiling Address nendment Section vision of Corporations	Ameno	Address Iment Section on of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently f K00107 (Document Number of C	iled with the Florida Dept. of State)
(Document Number of C	
	Corporation (if known)
Pursuant to the provisions of section 607,1006. Florida Statutes, this Fh its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "con "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A p "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable:	26055 W LOOMIS RD
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	WIND LAKE RD
	W1 53185
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	26055 W LOOMIS RD
	WIND LAKERD
·	W1 53185
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent	
	address: FAT 4
(Florida street	address) — — +
New Registered Office Address: (C)	ity) (Zip Code)
	, , , , , , , , , , , , , , , , , , ,

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), 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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	SCOTT SWALLOWS	25 DONNA ST
Add			APT 1201
X Remove			PALM HARBOR, FL 34684
2) Change	P	SALLY MILLER	26055 W LOOMIS RD
X Add			WIND LAKE S
Remove 3) Change			WI 53185 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Add			
Remove			77 C
4) Change		_	FATE
Add			·
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

E If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
(, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		
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	S	2023
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	- 茅食	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	<u></u>	三学 ?"
provisions for implementing the amendment if not contained in the amendment itself:	H. C.	PH 1: 44
(if not applicable, indicate N/A)	77	
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The date of each amendment(s' date this document was signed.	adoption:	, if other than the
date tins document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file da	<u>.</u>
	(no more than 90 days after amendment file da	(e)
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requireme Department of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were action was not required.	idopted by the incorporators, or board of directors without share	cholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the a sufficient for approval.	mendment(s)
	approved by the shareholders through voting groups. The follow for each voting group entitled to vote separately on the amendm	
"The number of votes ca	ist for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated	6-5-23	
Signature	Solly Miller	
(By a selec	director, president or other officer – if directors or officers have ted, by an incorporator – if in the hands of a receiver, trustee, of inted fiduciary by that fiduciary)	
	SALLY MILLER	
	(Typed or printed name of person signing)	
	PRESIDENT	(n 😋
	(Title of person signing)	

SECRETARY OF STATE