

3/16/2021

N200005504

Division of Corporations
Florida Department of State
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2021-03-16 PM 3:35

To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : DUANE MORRIS LLP
Account Number : I19990000059
Phone : (305)960-2217
Fax Number : (305)397-2683

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: INFO@TRANSCOLLABORATIVE.ORG

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
TRANSCONNECT, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$43.75

2021-03-16 PM 3:35
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

ED

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Articles of Amendment
to
Articles of Incorporation
of

TRANSCONNECT, INC.

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

N20000005504

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

TRANS COLLABORATIVE NETWORK, INC.

The new

name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

2080 NW 118TH AVE.

(Principal office address MUST BE A STREET ADDRESS)

PLANTATION, FL 33323

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. BOX 292768

DAVIE, FL 33328

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: N/A

2080 NW 118TH AVE.

(Florida street address)

New Registered Office Address:

PLANTATION

(City)

Florida 33323
(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

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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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>D</u>	<u>BRIELLE ROUNDTREE</u>	<u>307 NW 1ST AVE, APT. 401</u> <u>FT. LAUDERDALE, FL 33301</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>D</u>	<u>LONDON WOOLSTON</u>	<u>11925 NE 2ND AVE.</u> <u>NORTH MIAMI, FL 33161</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Yael ROSENBERG</u>	<u>19500 NE 23RD AVE.</u> <u>MIAMI, FL 33180</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

N/A

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☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 3/2/2021

Signature Scott Migliori
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

SCOTT MIGLIORI
(Typed or printed name of person signing)

DIRECTOR
(Title of person signing)