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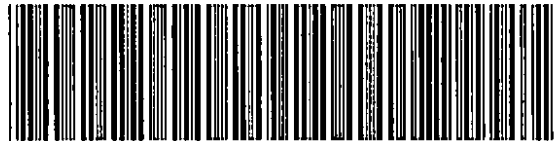
(Business Entity Name)

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I ALBRITTON

COVER LETTER

TO: SECRETARY
OF CORPORATIONS

NAME OF CORPORATION: Touchstone Real Estate Services, Inc.

DOCUMENT NUMBER: 356,000-176

Enclosed: *Articles of Amendment* and fee are submitted for filing.

For further correspondence concerning this matter to the following:

Patrick Dwyer

Name of Contact Person
Touchstone Real Estate Services, Inc.

Firm/Company
825 CENTRE STREET, #315

Address
Jupiter, FL 33458

City, State and Zip Code

888-678-7683 or

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

For further information concerning this matter, please call:

Patrick Dwyer 561 711-2616

Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$0 Filing Fee	☐ \$45.75 Filing Fee & Certificate of Status	☐ \$45.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)
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Mailing Address
Amendment Section
Division of Corporations
P.O. Box 1227
Tallahassee, FL 32304

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32304

Articles of Amendment
to
Articles of Incorporation
of

REAL ESTATE SERVICES, INC.

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

REAL ESTATE SERVICES, INC.

(Document Number of Corporation, known)

I, the undersigned, provisionally section 7106 Florida Statutes, do, *Florida Profit Corporation* adopt the following amendment to its articles of incorporation:

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

Not Applicable

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated," or the abbreviation "corp.," "co.," or the designation "corp.," "inc.," or "co." A professional corporation name must contain the word "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Not Applicable

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Not Applicable

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

(If business address)

New Registered Office Address N/A

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if Changing Registered Agent:

I, _____, am appointing as registered agent _____ I can fulfill with and accept the obligations of the position.

(Signature of New Registered Agent, if changing)

Check if applicable

(The amendment is being filed pursuant to s. 7106(2)(b), F.S.)

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Figure 6

(A) Schematic representation of the experimental design. The subjects were divided into two groups: the control group (n = 10) and the intervention group (n = 10). The control group received a standard care protocol, while the intervention group received a standardized care protocol plus a specific intervention.

(B) Bar chart showing the mean values of the variables measured at baseline and follow-up for both groups. The y-axis represents the mean value, and the x-axis represents the variable measured. The legend indicates the control group (white bars) and the intervention group (black bars).

(C) Line graph showing the evolution of the variables measured over time for both groups. The y-axis represents the mean value, and the x-axis represents time (baseline, 1 month, 2 months, 3 months, 4 months, 5 months, 6 months, 7 months, 8 months, 9 months, 10 months, 11 months, 12 months). The legend indicates the control group (white line) and the intervention group (black line).

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

(Do not add small changes, if necessary, be specific)

Not Applicable

5. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(If not applicable, indicate N/A)

Not Applicable

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

Effective date if applicable: _____
(insert date or number of days after or prior to the date)

Note: If a corporation in this block does not meet the appropriate statutory filing requirements, this date will not be listed as the effective date in the Department of State's records.

Adoption of Amendment(s) **(CHECK ONE)**

☒ The amendment(s) were adopted by the incorporator 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) 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)

6/17/2020

Dated: _____

Signature: _____

Patrick Dwyer

by a director, president or other officer. If directors or officers have not been selected, by an incorporator, or in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary.

Patrick Dwyer

(Typed or printed name of person signing)

President

(Title of person signing)