## P07 000051335

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## COVER LETTER

Division of Corporations NAME OF CORPORATION: Falcon Medical Group Inc DOCUMENT NUMBER: P07000051335 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Amin U Rehman Name of Contact Person Falcon Medical Group Firm/ Company 6000 Metrowest Blvd, Ste 104 Address Orlando, FL 32835 City/ State and Zip Code amin1@falconsleepcenter.org E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Amin Rehman at (407 314-9071 Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee □\$43.75 Filing Fee & **\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

**Mailing Address** 

TO: Amendment Section

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

## Articles of Amendment to Articles of Incorporation of

## FALCON MEDICAL GROUP INC.

FALCON MEI	DICAL GROUP INC.			
(Name of Corporation as	currently filed with the	Florida Dept. of State)		
P070000	051335			
(Document N	umber of Corporation (if	known)	•	<del>-</del>
Pursuant to the provisions of section 607.1006. Florida Statuits Articles of Incorporation:	ites, this <i>Floridu Profit Co</i>	prporation adopts the following	ng amend	lment(s)
A. If amending name, enter the new name of the corpora	ıtion:			
			The n	ew
name must be distinguishable and contain the word "corpora "Inc.," or Co.," or the designation "Corp," "Inc," or ' "chartered," "professional association," or the abbreviation	'Co". A professional ci	corporated" or the abbreviat orporation name must conto	ion "Corp iin the wo	o., " ord
B. Enter new principal office address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS	$\Sigma$ )		2020	_
	<del></del>			
		*	• •	
Enter new mailing address, if applicable:			1/2	,,
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>		<del> </del>	
	· · · · · · · · · · · · · · · · · · ·	·	112:5	_
			<u> </u>	
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office  Name of New Registered Agent	address:		_	
(F)	lorida street address)	· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:		. Florida		
	(City)		Coxle)	-
Sew Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fa	l Agent: umiliar with and accept th	e obligations of the position.		
Signature o	f New Registered Agent, ij	chanving	-	
Theck if applicable  The amendment(s) is/are being filed pursuant to s. 607.013		ranno		
The amendment(s) was/were adopted by the incorporators		hout shareholder action and s	hareholder	•

action was not required.

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	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add		<del> </del>	
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)
Amin U Rehman will continue to hold physical custody of 100% of the stock certificates and will be responsible for its
safe handling.
F. 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)

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
	CHANGE - EFFECTIVE SINCE INCORPORATION FOR REC	ORD
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requirements, the partment of State's records.	his date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendation for approval.	ment(s)
	roved by the shareholders through voting groups. The following steach 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)	
01-16-202		
DatedSignature	( Du	
	rector, president or other officer – if directors or officers have not	<del></del> been
selected	l. by an incorporator – if in the hands of a receiver, trustee, or other ed fiduciary by that fiduciary)	
	AMIN U REHMAN	
•	(Typed or printed name of person signing)	<del></del>
	MANAGMENT DIRECTOR	

(Title of person signing)