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Division of Corporations

: (850)617-6380

From:

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Fax Number

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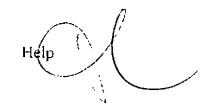
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### COR AMND/RESTATE/CORRECT OR O/D RESIGN PARAMOUNT URGENT CARE, INC

Certificate of Status	0
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Page Count	05
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#### **COVER LETTER**

TO: Amendment Secti Division of Corpo				
NAME OF CORPOR	PARAMOUNT UF	RGENT CARE, INC	<u></u>	
DOCUMENT NUME	BER: P08000031240			
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.		
Please return all corres	pondence concerning this mat	tter to the following:		
	Michael Humphrey			
		Name of Contact Perso	on .	
Firm/ Company			<del></del>	
6621 Point Hancock Drive				
		Address		
	Winter Garden, FL 34787			
		City/ State and Zip Coo	de	
	mahumphrey08@gmail.com			
	E-mail address; (to be us	ed for future annual repor	t notification)	
For further information	n concerning this matter, pleas	se call:		
Michael Humphrey		at ( 407	592-8791	
Name of Contact Person Area Code & Daytime T			ode & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made ;	payable to the Florida Dep	partment of State;	
\$35 Filing Fee	S43.75 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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amen Divisi The C 2415	Address dment Section on of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303	

#### Articles of Amendment to Articles of Incorporation of

PARAMOUNT URGENT CARE, INC	
(Name of Corporation as currently	filed with the Florida Dept. of State)
P08000031240	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this $F$ its Articles of Incorporation:	Clorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation;	
MHAE Holdings, Inc.	The new
name must be distinguishable and contain the word "corporation," "co" "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A "chartered," "professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  C. Enter new mailing address, if applicable: (Malling address MAY BE A POST OFFICE BOX)	ompany," or "incorporated" or the abbreviation "Corp.,"
D. If amending the registered agent and/or registered office address:  Name of New Registered Agent	
(Florida stre	
(Liorian zire	er adaress)
New Registered Office Address: (	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar w  Signature of New Re	
	•
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	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>\$v</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	PTD	HUMPHREY, MICHAEL	6621 Point Hancock Drive
Add			Winter Garden, FL 34787 202
Remove			
2) X Change	VPSD	EASTERLING, ADRIAN J	15101 Pendio Drive
Add			Montverde, FL 34756
Remove 3) Change			
Add			
Remove			
4)Change			
Add			
Remove			
5) Change			
Add			
Remove			
O Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			

tach additional sheets, if necessary). (Be specific)		
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rovisions for implementing the amendment if not contained in the amendment itself:	·es.	
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an amendment provides for an exchange, reclassification, or cancellation of issued shar rovisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	es.	

The date of each amendment(s) ac	option:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bidocument's effective date on the De	ock does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
★ The amendment(s) was/were ado action was not required.	oted by the incorporators, or board of directors without shareholder action a	and sharcholder
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast	or the amendment(s) was/were sufficient for approval	202
by		2022 NOV
	(voting group)	- V[
		-2
Dated	25/2022	<u> </u>
-	سلال	
Signature	rector, president or other officer - if directors or officers have not been	<del></del>
	, by an incorporator — if in the hands of a receiver, trustee, or other court	ω
appoint	ed fiduciary by that fiduciary)	
	Michael Humphrey	
	(Typed or printed name of person signing)	
	PTD	,
	(Title of person signing)	· · · · ·