P10000017989

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: DIGITAL SPINET	ICS, P.A.	
DOCUMENT NUMI	BER: P10000017989		
	of Amendment and fee are sul	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	DAVID POCES		
		Name of Contact Person	1
		Firm/ Company	
	P.O. BOX 1088		
		Address	
	BOCA RATON, FL. 33429		
		City/ State and Zip Code	!
	BIOREAD120@GMAIL.CO	M	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
DAVID POCES		at (245-8826
Name	of Contact Person	Area Co-	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.C	iling Address tendment Section rision of Corporations D. Box 6327 lahassee, FL 32314	Amenc Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

THEFT	1.3	DINHAT	177.6	D A

(Name of Corporation as curren	ntly filed with the Florida Dept. of State)	
P10000017989		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) t	
A. If amending name, enter the new name of the corporation:		
BOCA BODY RX, P.A.		
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.3	A professional corporation name must contain the word	
B. Enter new principal office address, if applicable:	1388 NW BOCA RATON BLVD.	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	SUITE I	
	BOCA RATON, FL 33429	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. BOX 1088	
	BOCA RATON, FL 33429	
D. If amending the registered agent and/or registered office ac new registered agent and/or the new registered office addre		
1388 NW BOCA RATO	ON BLVD., SUITE 1	
	street address)	
New Registered Office Address: BOCA RATON	Florida 33432	
	(City) (Zip Code)	
New Registered Office Address: New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	nt:	
C	Registered Agent, if changing	
Signature of New	Registered agent, if changing	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

DIVISION OF CORPORATION

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: XChange	<u> </u>	<u>John Doe</u>	
X Remove	$\underline{\mathbf{Y}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add		,	
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

The date of each amendment(s) add date this document was signed.	ption:	, if other than the
Effective date <u>if applicable</u> :		
· · · · · · · · · · · · · · · · · · ·	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Department	ck does not meet the applicable statutory filing requirements, this artment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt action was not required.	ted by the incorporators, or board of directors without shareholder ac	tion and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes east for the amendment icient for approval.	n(s)
	oved by the shareholders through voting groups. The following state ich voting group entitled to vote separately on the amendment(s):	ment
"The number of votes east fo	r the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
10/12/23 Dated		
Signature	David Poces	
selected.	etor, president or other officer – if directors or officers have not bee by an incorporator – if in the hands of a receiver, trustee, or other co I fiduciary by that fiduciary)	n
D	AVID POCES	
_	(Typed or printed name of person signing)	

PRESIDENT

(Title of person signing)

DIALETY CORESTVICTOR