# P1000CO 72278

(Re	equestor's Name)	<del></del>
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(Cit	ty/State/Zip/Phone	: #)
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#### **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: HEALTH + MEDICAL DIRECTORIES, INC 10000072278 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: IARK, NatoN Name of Contact Person edaRhouse Address For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$43.75 Filing Fee & Sertificate of Status □ \$35 Filing Fee ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is Certified Copy

enclosed)

### **Mailing Address**

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

(Additional Copy is enclosed)

## Articles of Amendment

# Articles of Incorporation of

ilealth i Medical Dies	ectories, INC.
(Name of Corporation as currently	
1 0000072278 (Document Number of C	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	W/A 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."	mpany, hor "incorporated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office addre	ss in Florida, enter the name of the
new registered agent and/or the new registered office address:	1 1
Name of New Registered Agent	N/A
(Florida stree	t address)
· ·	
New Registered Office Address: (C	ity) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with	th and accept the obligations of the position.
Signature of New Reg	wierea ngem, y changing
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	111	
X Add	<u>sv</u>	Sally Smith	NIA	
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				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

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 NA)  AMEND FOTAL SHARES (1,000) held by  DENA R. TARKINGTON, FONOW DE  HELD by The:  DENA R. TARKINGTON REVOCABL  LIVING TRUST  Which LAS ESTABLISHED RZ 4.27.2020.		ing or adding additional iditional sheets, if necessar		ge(s) here:	WA	·, •
provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)  AND TOTAL SHARES (1,000) held by  DENA R. TARKINGTON, to Now be						
provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)  AND TOTAL SHARES (1,000) held by  Dena R. Tarkington, to now be						
provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)  AND TOTAL SHARES (1,000) held by  DENA R. TARKINGTON, to Now be			· <u>-</u> · ·			·
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Which has established AZ 4.27. 2020.			V CNA IX	· · · · · · · · · · · · · · · · · · ·	Such i	VO CITIO
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date If applicable: IMMEDIATE 19.2021	
(no more than 90 days after amendment)	file date)
Note: If the date inserted in this block does not meet the applicable statutory filing req document's effective date on the Department of State's records.	uirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors withou action was not required.	at shareholder action and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval.	or the amendment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote separately on the ar	- ·
"The number of votes cast for the amendment(s) was/were sufficient for approva	ı
by DeNAR TARKINGTON PRES Sec. (voting group) TID	."
Dated 19 2021	
Signature	ers have not been
selected, by an incorporator – it in the hands of a receiver, tru appointed fiduciary by that fiduciary)	
DENA R. TARKING to (Typed or printed name of person-signing)	N
(Typed or printed name of person-signing)	
PRESIDENT	
(Title of person signing)	

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