P110000 48424

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TO: Amendment Section

Division of Corporations

Amendment Section Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPORATION: COREZITING (EXISTING CENTRALY)
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person ALPHA CURE GROUP INC. (NEW COMPANY) Firm/ Company P. O. BOX 367 MALING Address LOXAHATCHEE, FL. 33470 City/ State and Zip Code ALPHA CURE GROUP @ BELL SOUTH, NET E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TACK MENTKOW at (S61) 793-9773 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:
\$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Street Address Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Articles of Amendment to Articles of Incorporation

2019 FEB 28 AM 11:59

CUREZIT INC	
(Name of Corporation as currently	filed with the Florida Dept. of State)
P1100004842	f
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation	C. The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "Inc. "In	To". A professional corporation name must contain the
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 address: new registered agent and/or the new registered office address:	
Name of New Registered Agent NA	
(Florida stre	et address), Florida
	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
Signature of New Re	egistered Agent, if changing

The date of each amendment(s) adopt date this document was signed.	ion:	, if other than the
Effective date if applicable:	FEBRUARY 26 2019	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirements, this date ment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders was/were suffici	I by the shareholders. The number of votes cast for the amendment(s) ent for approval.	
	ed by the shareholders through voting groups. The following statement h voting group entitled to vote separately on the amendment(s):	t
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
by	(voting group)	
☐ The amendment(s) was/were adopted action was not required.	d by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted action was not required.	d by the incorporators without shareholder action and shareholder	
Dated	26 19	
Signature		
selected, by	or president or other officer – if directors or officers have not been y an incorporator – if in the hands of a receiver, trustee, or other court iduciary by that fiduciary)	
	JACK MENTROW	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	