## P11000052835

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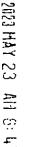
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPO	PURE RECOVER	Y GROUP, INC.			
DOCUMENT NUMBER: P11000052835					
The enclosed Article.	s of Amendment and fee are su	bmitted for filing.			
Please return all corre	espondence concerning this ma	tter to the following:			
	Daniel Weidenbruch, Esq.				
		Name of Contact Persor	1		
	FisherBroyles, LLP				
	-	Firm/ Company			
	625 Tamiami Trail North, Su	ite 203			
	Address				
	Naples, FL 34102				
	<del>-</del> -	City/ State and Zip Code			
	daniel.weidenbruch@fisherbroyles.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information concerning this matter, please call:					
Daniel Weidenbruch	, Esq.	a1 ( <sup>239</sup>	de & Daytime Telephone Number	(0	
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:					
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	TWI VHY THE EF	
Mailing Address			Address	'	
Amendment Section		Amendment Section			
Division of Corporations		Division of Corporations			

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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## Articles of Amendment to Articles of Incorporation of

OI .		
PURE RECOVERY GROUP, INC.		
(Name of Corporation as current)	ly filed with the Florida Dept. of State)	
P11000052835		
(Document Number o	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the fo	llowing amendment(s) to
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation," "a "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". I chartered," "professional association," or the abbreviation "P.A."	A professional corporation name must	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	·	
D. If amending the registered agent and/or registered office add		2023 MAY SECRET
new registered agent and/or the new registered office address	<u>ii</u>	AH.
Name of New Registered Agent		51. · 않
		70 G
(Florida str	reet address)	<u> </u>
New Registered Office Address:	. Florida	
new negationed Office State ess.	/City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar y	: : with and accent the abligations of the nos	siticum
r nevery accept the approximent as registered agent. I am familiar t	ына ини иссерт те отнушиот ој те pos	HILDI.

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.

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.

X Change	<u>PT</u> <u>John</u>	ı Doe		
X Remove	<u>V</u> <u>Mik</u>	e Jones		
X Add	SV Sall	y Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
I) Change	CFO	Rick King	3095 New Street	
Add			Suite 200	
X Remove			Burlington, ON L7N 1M7 CA	
2) Change				
Add				
Remove 3) Change				
Add			77	<u> </u>
Remove			7 <u>C</u>	2023 HAY
4) Change				W 23
Add				3 iH
Remove				CC
5) Change				47
Add				
Remove				
6) Change		<del></del>		
Add				
Remove				

TO HE SO YAM DOLD

	April 6, 2023	
The date of each amendment date this document was signed		, if other than the
Effective date <u>if applicable</u> :	April 6, 2023	
<del></del>	(no more than 90 days after amendment file o	łate)
	his block does not meet the applicable statutory filing required the Department of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/wer action was not required.	e adopted by the incorporators, or board of directors without sha	areholder action and shareholder
■ The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the ere sufficient for approval.	: amendment(s)
	e approved by the shareholders through voting groups. The foll d for each voting group entitled to vote separately on the amend	
"The number of votes	east for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
April ( Dated	5, 2023	
Signature		
se	y a director, president or other officer – if directors or officers helected, by an incorporator – if in the hands of a receiver, trustee pointed fiduciary by that fiduciary)	
	Nigel Morgan	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

SECRETARY OF STATE

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