## P110000 79051

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06/22/20--01031--008 \*\*35.00

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	ation: Tricoche	Integrated H	lealth Inc.	
	er: <u>P110000791</u>			
The enclosed Articles of	f Amendment and fee are sub	omitted for filing.		
Please return all corresp	ondence concerning this mat	ter to the following:		
-	Vietor Tric	Name of Contact Person		
-	Tricoche	Integrated HI	eaith	
-		Hibiscus Bi		
-	Mclbeu	City/ State and Zip Code		
E-mail address: (to be used for dature annual report notification)				
For further information	concerning this matter, pleas	e call:		
Victor 7	TALDCHE f Contact Person		ble & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303	

## Articles of Amendment to Articles of Incorporation

of

Tricoche Interacted Heal	th Incia		
_	iled with the Florida Deptrof State) [: C];		
P11000079051	200		
(Document Number of C	Corporation (If Known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flatis</i> Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to		
A. If amending name, enter the new name of the corporation:			
Tricoche Family Chirope	TACTIC The new		
name must be distinguishable and contain the word "corporation," "cor" "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A properties of the above of t	mpany, "or "incorporated" or the abbreviation "Corp.," or offessional corporation name must contain the word		
B. Enter new principal office address, if applicable:	1855 W. Hibiscus Blra		
(Principal office address MUST BE A STREET ADDRESS)	TI 2252.		
	Melbarne, FL 32901		
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 addre	ss in Florida, enter the name of the		
new registered agent and/or the new registered office address:			
Name of New Registered Agent			
(Florida stree	t address)		
N 0 100 100 111 111	, Florida		
New Registered Office Address: (6	City) (Zip Code)		
New Registered Agent's Signature, if changing Registered Agent:	ish and assent the obligations of the position		
I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.		
	<u></u>		
Signature of New Reg	gistered Agent, if changing		
Check if applicable			
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (s	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: XChange	<u>PT</u>	John Doe	
X Remove	<u>V</u>	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			<u> </u>
Add			
Remove		-	
2) Change			
Add			
Remove Change			
Add			
Remove		-	
4) Change			
Add			····
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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un amandman	t provides for an ex	changa racigosi	Seation or cancel	lation of issued	charee	
rovisions for i	mplementing the an	nendment if not	contained in the	imendment itse	lf:	
(if not appli	cable, indicate N/A)				_	
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The date of each amendment(s) adoption:	6/18/2020	, if other than
date this document was signed.	·	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file	- detail
	(no more than 90 days after amenament file	e aate)
<b>Note:</b> If the date inserted in this block does r document's effective date on the Department o	not meet the applicable statutory filing requir f State's records.	rements, this date will not be listed as
Adoption of Amendment(s) (CI	HECK ONE)	
The amendment(s) was/were adopted by the action was not required.	incorporators, or board of directors without s	shareholder action and shareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		he amendment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting	ne shareholders through voting groups. The forgroup entitled to vote separately on the amen	
"The number of votes cast for the ame	endment(s) was/were sufficient for approval	
by	.,,	
(vo	ting group)	
selected by an inc	sident or other officer – if directors or officers or	have not been ee, or other court
	(Title of person signing)	

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