

711000079221

KAZEN MEDICAL CONSULTING

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p.1

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : ALLSTATE MEDICAL CONSULTING, INC.
Account Number : I20110000067
Phone : (786) 362-0124
Fax Number : (786) 620-2583

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COR AMND/RESTATE/CORRECT OR O/D RESIGN
SHELTON MEDICAL SERVICES, INC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$35.00

2016 MAR 7 A 10:49
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

MAR 08 2016
T. LENEUX

Articles of Amendment
to
Articles of Incorporation
of

SHELTON MEDICAL SERVICES, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P11000079221

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

3383 NW 7 ST SUITE 308

MIAMI, FL 33125

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

3383 NW 7 ST. SUITE 308

MIAMI, FL 33125

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

LEYVA Hernandez ALBERTO

2383 NW 7 ST. # 308

(Florida street address)

New Registered Office Address:

Miami

Florida

33125

(City)

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

TALLAHASSEE, FLORIDA
SECRETARY OF STATE

2016 MAR -7 A 10:50

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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:

☒ Change PT John Doe
☒ Remove V Mike Jones
☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	P	LEYVA HERNANDEZ, ALBERTO	3383 NW 7 ST. SUITE 308 MIAMI, FL 33125
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	P	De Leon, ALAIN G	7564 W 30 LN Hialeah, FL 33018
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

(Attach additional sheets, if necessary). (Be specific)

1. What is the main purpose of the study?
 2. What are the research objectives?
 3. What is the research methodology?
 4. What are the findings of the study?
 5. What are the conclusions and recommendations?

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: 03/03/2016, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____"
(voting group)

☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 03/03/2016.

Signature _____

(By a director, president or other officer – if directors or officers have not been selected by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Alberto Leyva Hernandez
(Typed or printed name of person signing)

P.
(Title of person signing)