P12000005622

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |

Office Use Only



400411500594

07/05/23--01029--002 **35.00

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORA | TION: | VILLOW BAY HEALTH ! | NC | | |
|--|---|--|---|--|--|
| DOCUMENT NUMBE | | P12000005622 | | | |
| The enclosed Articles of | Amendment and fee are su | bmitted for filing. | | | |
| Please return all correspo | ondence concerning this ma | tter to the following: | | | |
| | ANNIE MATHEW | | | | |
| | Name of Contact Person | | | | |
| | WILLOW BAY HEALTH INC | | | | |
| | · | Firm/ Company | | | |
| | 40 | 01 WEST HILLSBORO B | LVD | | |
| _ | | Address | | | |
| | DEERFIRELD BEACH, FL 33442 | | | | |
| _ | City/ State and Zip Code | | | | |
| | i | MATHEW50@GMAIL.C | COM | | |
| _ | E-mail address: (to be us | ed for future annual report | notification) | | |
| For further information (| concerning this matter, pleas | se call: | | | |
| ANNIE MATHEW | | at (<u>954</u> |) 940-1444 de & Daytime Telephone Number | | |
| Name of | Contact Person | Area Co | de & Daytime Telephone Number | | |
| Enclosed is a check for t | he following amount made | payable to the Florida Dep | artment 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) | | |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | Ameno Divisio The C | Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 | | |

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

WILLOW BAY HEALTH INC

| D1200000572 | d with the Florida Dept. of State) | |
|---|--|--------------|
| P1200000562 | :2 | |
| (Document Number of Con | poration (if known) | |
| ursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Articles of Incorporation: | da Profit Corporation adopts the following ame | endment(s) |
| . If amending name, enter the new name of the corporation: | | |
| | The | กะพ |
| ame must be distinguishable and contain the word "corporation," "composition," or Co.," or the designation "Corp," "Inc.," or "Co". A projection "professional association," or the abbreviation "P.A." | any," or "incorporated" or the abbreviation "Co fessional corporation name must contain the | orp" word |
| B. <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDRESS</u>) | | |
| _ | 12 | ? |
| - | | |
| . Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | |
| (Matting uturess MAT WE AT OST OFFICE BOA) | | • |
| - | | _ |
| _ | | <u>5</u> |
| If amending the registered agent and/or registered office address in the new registered agent and/or the new registered office address: | | õ |
| Name of New Registered Agent | | |
| | _ | |
| (Florida street ad | ldress) | |
| | . Florida | |
| New Registered Office Address: | | |

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)

Example:

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> | John Doe | |
|----------------------------|--------------|----------------------------------|---------------------------|
| X Remove | <u>v</u> | Mike Jones | |
| _X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | Name | <u>Addres</u> s |
| 1) Change | SD | Annie Mathew, Trustee, SMT | 4001 W Hillsboro Blvd |
| Add | | | Deerfield Beach, FL 33442 |
| X Remove 2) Change | TR | Annie Mathew, Mathew Bypass Trus | 4001 W Hillsboro Blvd |
| X Add | | | Deerfield Beach, FL 33442 |
| Remove 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | - |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| amending or adding additional Art trach additional sheets, if necessary). | (Be specific) | | | |
|---|----------------------|---------------------------------------|----------------------------|-----------------|
| | | | | |
| | | | | |
| | | | | |
| | | . | | |
| | | | | |
| | | | | |
| | | | | |
| ······································ | | | | <u> </u> |
| | | | | |
| | | · · · · · · · · · · · · · · · · · · · | | |
| | | | | |
| | <u>-</u> | | | |
| <u></u> | | | | |
| | | | | |
| | | | | |
| | | | | |
| <u> </u> | | | | |
| | | | | |
| | | | | _ . |
| | | | | |
| | | - | - | |
| | | | | |
| | | | | |
| • | | | | |
| | · | | | |
| | | | | |
| | | | | |
| · | <u> </u> | | | |
| | | | | |
| | | | | |
| | | | | |
| f an amendment provides for an exc provisions for implementing the am | hange, reclassificat | ion, or cancellation | <u>i of issued snares,</u> | • |
| provisions for implementing the am | endment if not con- | fained in the amen | ument itsen: | |
| (if not applicable, indicate N/A) | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| • | | | | |
| | | | | |
| | _, | | | |
| | - | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

MAY 07, 2023 , if other than the The date of each amendment(s) adoption: ___ 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. (CHECK ONE) Adoption of Amendment(s) The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. ☐ 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 (voting group) 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) (Typed or printed name of person signing) TRUSTEE
(Title of person signing)