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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: SUNSHINE P	ULMONARY A	ND SI	LEEP MEDICINE P.A.
DOCUMENT NUMBI	R: P13000030593	<u> </u>		.
The enclosed Arricles of	f Amendment and fee are sub	mitted for filing.		
Please return all corresp	ondence concerning this mat	ter to the following:		
	SORATHIA, DIVYAN	G		
_		Name of Contact	Person	
	SUNSHINE PULMONARY AND SLEEP MEDICINE P.A.		MEDICINE P.A.	
_		Firm/ Compa	iny	
_	621 West Lumsden F	R <u>d</u>		
		Address		
_	BRANDON, FL 3351			
_		City/ State and Zi	ip Code	
divyangsorathia@hotmail.com				
	E-mail address: (to be use	ed for future annual:	report n	otification)
For further information	concerning this matter, please	call:		
Divyang Sora	athia	at (8	313	708-2998 & Daytime Telephone Number
Name of	*Contact Person	Ar	rea Code	& Daytime Telephone Number
Enclosed is a check for	the following amount made p	ayable to the Florida	а Dерап	ment of State:
☑ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fe Certified Copy (Additional copy enclosed)		□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Divisi P.O. I	ng Address dement Section ion of Corporations Box 6327 nassee, FL 32314) [C 2	Division Clifton E 2661 Ex	nent Section of Corporations

Articles of Amendment to Articles of Incorporation of

SUNSHINE PULMONARY AND SLEEP MEDICINE P.A.

SUNSHINE PULMONARY AND SLEEP MEDI		• 6)
(Nume of Corporation as curr	rently filed with the Florida Dept.	ot State)
P13000030593		
(Document Numb	per of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation ado	pts the following amendment(s)
A. If amending name, enter the new name of the corporation	<u>ı:</u>	
N/A		The new
name must be distinguishable and contain the word "corporation" "Inc.," or Co.," or the designation "Corp," "Inc.," word "chartered," "professional association," or the abbreviate	or "Co". A professional corporat	ion name must contain the
	N/A	910
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		2019 NO Y
		₹
	<u></u>	
Co. F		, ~
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 new registered agent and/or the new registered office ade	address in Florida, enter the name	of the
Name of New Registered Agent N/A		
N/A		<u></u>
	da street address)	_ ·
		The day
New Registered Office Address:	(City)	Florida (Zip Code)
	•	
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fami	gent: liar with and accept the obligations	of the position.
N/A		
Signature of N	ew Registered Agent, if changing	

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: PT John Doe X Change \underline{V} Mike Jones X Remove X Add SV Sally Smith Title <u>Addres</u>s Type of Action Name (Check One) 5711 TERNPARK DR SHAH, RAKESH M 1) ____ Change LITHIA, FL 33547 ____ Add X Remove 2) ____ Change ____ Add ____ Remove 3) ____ Change ___ Add __ Remove 4) ____ Change __ Add ____ Remove 5) ____ Change ____ Add Remove

δ) ____ Change

__ Remove

(Attach additional sheets, if necessary). (Be specific) V/A			
V/A			
		 -	
	 ,		
		-	
the state of the s	- of icensed charac	E	
 If an amendment provides for an exchange, reclassification, or cancellation provisions for implementing the amendment if not contained in the amendment. 	dment itself:	ي	
(if not applicable, indicate N/A)			
N/A			
	<u>_</u> .		

The date of each amendment(s) a	doption: 11/15/2019	, if other than the
date this document was signed.	,	
Effective date if applicable:	11/15/2019	
<u></u>	(no more than 90 days after amendment file dat	(e)
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirement epartment of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad by the shareholders was/were s	opted by the shateholders. The number of votes cast for the autificient for approval.	nendmeut(s)
☐ The amendment(s) was/were ap must be separately provided fo	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	ing statement ent(s):
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and	shareholder
The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shar	eholder
Dated	11/15/19	
	A	
Signature	director, president or other officer - if directors or officers have	e not been
	ed, by an incorporator - if in the hands of a receiver, trustee, or	
	nted fiduciary by that fiduciary)	
	DIVYANG SORATHIA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of nerson signing)	