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A. RAMSEY FEB 1 3 2023 COVER LETTER

TO: Amendment Sec Division of Corp			
NAME OF CORPO	RATION: Curant, Inc.		
	BER: P13000082754		
The enclosed Articles	of Amendment and fee are sui	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Scott Haygood		
		Name of Contact	Person
	Curant, Inc.		
		Firm/ Compa	ny
	200 Technology Ct, Suite B		
		Address	
	Smyrna, GA 30082		
		City/ State and Zi	Code
	shaygood@curanthhealth.com	n	
	E-mail address: (to be us	sed for future annual	eport notification)
For further information	on concerning this matter, pleas	se call:	
Scott Haygood		at (81-734 (
Name	of Contact Person		ca Code & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florid	a Department of State:
35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing For Certified Copy (Additional copy enclosed)	Certificate of Status
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		7 1 1 2	Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

-11-12

Cath	2422 NOV 18 PM 12 10
(Name of Corporation as currently	filed with the Florida Dept. of State)
(Name of Corporation as currently	
	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this I	Florida Profit Corporation adopts the following amendment(s) to
its Articles of Incorporation:	(v)
A. If amending name, enter the new name of the corporation:	
A. If affecting name, enter the new name of the corporations	
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	The new ompany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
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 addr new registered agent and/or the new registered office address:	ress in Florida, enter the name of the
Name of New Registered Agent	
(Florida stre	eet address)
No. B. wint and Office Address.	. Florida
New Registered Office Address:	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar v	is with and accept the obligations of the position.
Signature of New R	egistered Agent, if changing
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (11)	(c), F.S.

address of each Officer: (Attach additional sheets, Please note the officer/dit P = President: V = Vice Executive Officer: CFO = President, Treasurer. Dir Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove	and/or E if necess rector tite Presiden Chief F ector wo in the fo ves the c	Director be sary) le by the file: T= Treadinancial Quild be PTI llowing me orporation	eing added: rst letter of the office title: surer; S= Secretary; D= fficer. If an officer/directo conner. Currently John Do s Sally Smith is named the	Director: TR= Tr rholds more than e is listed as the I	director being removed and title, name, and nustee; $C = Chairman$ or $Clerk$; $CEO = Chief$ one title, list the first letter of each office held. PST and Mike Jones is listed as the V . There is should be noted as John Doe, PT as a Change,
Example: X Change	<u>PT</u>	John Do	<u>e</u>		
X Remove	<u>V</u>	Mike Jones			
<u>X</u> Add	<u>\$V</u>	Sally Sn	nith		
Type of Action (Check One)	<u>Title</u>		Name		Address
1) Change	VP		Patel, Pankajkumar		200 Technology Court SE, Suite B
Add					Smyrna, GA 30082
X Remove					
2) Change					
Add					
Remove 3) Change					
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change	<u> </u>	_			
Add					
Remove					
6) Change		_			
Add					
Remove					

Attach additional sheets, if necessary).	les, enter change(s) here: (Be specific)	
	(Se aprovince)	
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October 31st, 2022	
The date of each amendment(s) adoption:late this document was signed.	if other than the
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 shocument's effective date on the Department of State's records.	statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board action was not required.	of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The num by the shareholders was/were sufficient for approval.	ber of votes cast for the amendment(s)
The amendment(s) was/were approved by the shareholders through was the separately provided for each voting group entitled to vote s	voting groups. The following statement eparately on the amendment(s):
"The number of votes cast for the amendment(s) was/were suf	ficient for approval
by	
(voting group)	
Dated //-9-2022	-
Signature General Comments	
(By a director, president or other officer - i	
selected, by an incorporator – if in the hand appointed fiduciary by that fiduciary)	ds df a receiver, trustee, or other court
(Typed or printed name	of derson signing)
(1) ped of printed name	
TRESIDENT	
(Title of person signing)	<u> </u>