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SEP 1 4 2018 S. YOUNG 18 SEP TO PM L: TE

COVER LETTER

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION: DIGGNO DOCUMENT NUMBER: 1306	05th Center of Medley Inc
The enclosed Articles of Amendment and fee are sub-	mitted for filing.
Please return all correspondence concerning this matt	er to the following:
Diagnostic	Name of Contact Person Lenter of Milly Au Firm/ Company
E-mail address: (to be use	Address PA 1 33614 City/ State and Zip Code NA d for future annual report notification)
For jurther information concerning this matter, phase VICAIU Zannone	eall: \$13 444 4744
Name of Contacts rison	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made pa	yable to the Florida Department of State
\$35 Filing Fee Status S35 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314	Street Address Amendment Section Division of Corporations Cition Building 2661 Executive Center Circle Fallahussee, FL 32301

Articles of Amendment

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Articles of Incorporation

Diagnothy Partical Made
(Name of Corporation as currently Med with the Florida Dept. of State)
P 13000000 100000
(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:
DIAGNOSTIC CINTING OF TOWN A
name must be distinguished and contain the
Corp.: "Inc. or Co.," or the designation "Corp." The "or "Co A professional corporation name must contain the world chartered " professional association," or the abbreviation "P.4"
B. Enter new principal office address, if applicable: (Principal office address MUST BE 4 STREET ADDRESS)
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 address in Florida, enter the name of the
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:
Same of New Registered Agent
Florida street address)
New Begistered Office Address:
City - Horida - Zip Coder
ing Court
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

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: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3 1 Change			
Add			
Remove			
(1) Change			
Add			
Remove			
Change			
Add			
Remove			-
Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary)	(Be specific)
	·····
	and the second of the second
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
(If not applicable, indicate NA)	

The date of each amendment(s) adoption: 07/26/2018	if other than the
date this document was signed.	
Effective date if applicable: 08/28/2018	_
(no more than Wedays after amendment file date)	
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 amendmentis) 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 east for the amendment(s) was were sufficient for approval	
by	
(voting group)	
The amendments is 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 08 126 1018	
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 fiduciars by that fiduciary)	
VICTORIA Zannone (Typed or printed name of perso. sing)	_
•	
PASICULAT (Fille of person signing)	
(Title of person signing)	-