Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

: ALLSTATE MEDICAL CONSULTING, INC. Account Name

Account Number : I20110000067 : (786)362-0124 Phone : (305)675-0701 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. :-

		•	
Email	Address:		

COR AMND/RESTATE/CORRECT OR O/D RESIGN ELIZABETH DELICIO COUNSELING SERVICES CORP.

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Help

Articles of Amendment to Articles of Incorporation of

ELIZABETH DELICIO COUNSELING SERVICES CO	RP.	• 4			
(Name of Corporation a	as currently filed	with the Florida	Dept. of State)		
P14000060916			•		,
(Document	Number of Corpo	oration (if known)	٠		,
Pursuant to the provisions of section 607,1006, Florida Strits Articles of Incorporation:	atutes, this <i>Florida</i>	a Profit Corporatio	on adopts the fo	llowing	amendm
A. If amending name, enter the new name of the corp	oration:			· .	
			•		The nev
name must be distinguishable and contain the word "corp- "Inc.," or. Co.," or the designation "Corp." "Inc." o "chartered," "professional association," or the abbrevia	oration," "compa or "Co". A profe tion "P.A."	ny," or "incorpora essional corporation	ted" or the abbr on name must	eviation contain	"Corp the wor
B. Enter new principal office address, if applicable:		·	·		
(Principal office address MUST BE A STREET ADDRI	<u>ESS</u>)		-		
				•	٠.
	-			_	,
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·			· .	
(manng autress <u>man</u>	·			·	•
				 -	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	d office address is	Florida, enter th	e name of the	· ·	
• • •				5.	-
Name of New Registered Agent			<u>. </u>	: .	-
	(Florida street ad	dravel			
	(1-10) uto an eer taa	in cas		•	
New Registered Office Address:	· (City)	<u> </u>	, Florida_	(Zip (Code)
	. (01,7)				
			• • •		
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I	tered Agent: am familiar with a	and accept the oblig	gations of the pe	sition	•
The toy accept the appearance		•	*		
			•		
Signat	ure of New Regist	ered Agent, if chan	ging		
			,	•	
Check if applicable The amendment(s) is/are being filed pursuant to s. 60	07.0120 (11) (e), F	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)

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 Doc	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u> `	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	VP	ARZOLA, ARIEL	7900 NW 27 Ave Suite E233
X Add			MIAMI, FL 33147
Remove			
2) Change			
Add Remove 3) Change		· · · · · · · · · · · · · · · · · · ·	
Add			
Remove	•		
4) Change			
Add			
5)Cliange			
Add			
Remove	· ·		• •
Add			
_ Remove			

f amending or addin Attach <i>additional shee</i>	is, if necessary).	(Be specific)					
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f an amendment pro	ovides for an exch	ange, reclassifie	ation, or ca	encellation	n of issued sha dment itself:	ires,	
provisions for imple (if not applicable	e, indicate N/A)	idinent it not co	itajaco in	,		•	
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07/24/2020	********	
The date of each amendment(s) adoption:	if other tha	in the
Effective date if applicable:	<u> </u>	
(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 we document's effective date on the Department of State's records.	vill not be listed a	as the
Adoption of Amendment(s) (CHECK ONE)		• • •
■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action as action was not required.	nd shareholder.	
☐ 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)	•	
07/24/2020 Dated		·.
Signature		٠.
(By a discor, 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)		
ELIZABETH DELICIO		·.
(Typed or printed name of person signing)		٠.
PRESIDEN'T		•,
(Title of person signing)		