## P14000062833

(Degraphed Name)
(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
<b>,</b> , ,,
(Document Number)
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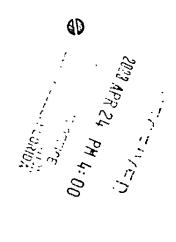


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A. RAMSEY APR 25 2023



## Sunshine State Corporate Compliance Company

## 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 04/24/2023	<del>-</del> -		4477/4777 B N
			₩ALK IN*
ENTITY NAME Canniz	zaro Integrative Pediat	tric Center PA	
DOCUMENT NUMBER_			
	**PLEASE FILE THE	FATTACHED AND RETURN**	
XXXXX	Plain Copy		
<del></del>	Certified Copy		
	Certificate of Status		
	Certified Copy of Arts Certificate of Good Stan		
	**APOSTILLE' / NO	OTARIAL CERTIFICATION**	
COUNTRY OF DESTINA	TION		<del></del>
NUMBER OF CERTIFICA	TES REQUESTED		<del></del>
TOTAL OWED \$35		ACCOUNT #: I2016000007	2
		S R FM	
Please call Time at t	he ahawe number kan a	ny issues or concerns. Thank you s	a much!

## Articles of Amendment to Articles of Incorporation

FILED

Cannizzaro Integrative Pediatric Center PA (Name of Corporation as currently filed with the Florida Dept. of State) P14000062833 (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: Cannizzaro Integrative Pediatric Center, Inc. name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE ROX) 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: AM&E Services LLC Name of New Registered Agent 605 E. Robinson Street, Suite 730 (Florida street address) Florida 32801 (Zip Code) Orlando New Registered Office Address 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

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)

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: XChange	PT John	n <u>Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	<u>P</u>	Barbara L. Baldwin	357 Wekiva Springs Road
Add			Longwood, FL 32779
X Remove			
2) X Change	P. S. T	Melanie A. Confusione	357 Wekiva Springs Road
Add			Longwood, FL 32779
Remove 3) X Change	VP	Tillie Alenikoff-Grady	
Add			357 Wekiya Springs Road
Remove			Longwood, FL 32779
4) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			
5) Change	<del></del>		
Add			······································
Remove			
6) Change			
Remove			

(Attach udditiona	l sheets, if necessary).	(Be specific)			
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If an amandmar	t provides for an excha	nas reclassification	s ar agnaellation of	Secured chause	
provisions for i	mplementing the amend	lment if not contai	nad in the amendm	ent itealf:	
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The date of each amendment(s) a	doption:	, if other than the
late this document was signed.	· · · · · · · · · · · · · · · · · · ·	
Effective date <u>if applicable</u> :		·
	(no more than 90 days after amendment file date)	
lote: If the date inserted in this bocument's effective date on the Do	lock does not meet the applicable statutory filing requirements, partment of State's records.	this date will not be listed as the
doption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without sharehold	ler action and shareholder
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amen- fficient for approval.	dmeni(s)
	roved by the shareholders through voting groups. The following 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)	
Dated	124/23	
(By a di selected	rector president of other officer — if directors or officers have not I, by an incorporator — if in the bands of a receiver, trustee, or other	: been er court
	ed fiduciary by that fiduciary)	
	Melanic A. Confusione	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	