P15000046126

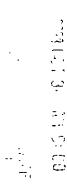
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO		INC		
DOCUMENT NUM	P15000046126 4BER:			
The enclosed Article	es of Amendment and fee are su	bmitted for filing.		
Please return all corr	respondence concerning this ma	tter to the following:		
	BIANCA CARGILL			
		Name of Contact Person	1	
	7061 W COMMERCIAL BLA	Firm/ Company VD SUITE 5J		
	TAMARAC, FL 33319	Address		
City/ State and Zip Code				
	BEESMULTISERVICING@GMAIL.COM			
	E-mail address: (to be us	ed for future annual report	notification)	
For further informat	ion concerning this matter, pleas	se call:		, a
BIANCA CARGILI		786 at (701-1699)	
Nam	e of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:	3.4
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	. TE
Ai Di P.	mendment Section ivision of Corporations O. Box 6327 Illahassee, FL 32314	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

ONLINE HEALTH INC	of			
P15000046126	of Corporation as currentl	y filed with the Florida Dept. of State)		
	(Document Number o	f Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006. Florida Statutes, this	Florida Profit Corporation adopts the follow	ing ame	ndment(s)
A. If amending name, enter the new n	ame of the corporation:			
Inc., or Co., or the designation "(Corp, "Inc," or "Co". $ ightarrow$	company," or "incorporated" or the abbrevia 1 professional corporation name must cont	tion "C	new orp.,"
B. Enter new principal office address,	" or the abbreviation "P.A." if applicable:	7061 W COMMERCIAL BLVD		woru
(Principal office address MUST BE A S	STREET ADDRESS)	SUITE 5J		
		TAMARAC, FL 33319		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7061 W COMMERCIAL BLVD		
		SUITE 51		- 5
		TAMARAC, FL 33319		<u></u>
D. If amending the registered agent an new registered agent and/or the ne	nd/or registered office address	ess in Florida, enter the name of the		— မ
BIANCA CARGILL Name of New Registered Agent				
	7061 W COMMERCIAL B	LVD SUITE 51	- :	00 to
New Registered Office Address:	(Florida stro TAMARAC	33319 , Florida		
	,	(City) (Zi _l	Code)	
New Registered Agent's Signature, if call the second the appointment as registed.	hanging Registered Agent: tered agent. I am familiar s	vith and accept the obligations of the position	' <u>.</u>	
	Signalure of New Ro	egistered 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 Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X_Change	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action	Title	<u>Name</u>	Address
(Check One)	P	PAUL BRIAN	206 A HIGHWAY ATA
1) Change			SATELLITE BEACH, FL 32937
YES Add			
Remove	P	BIANCA CARGILL	7061 W COMMERCIAL BLVD
2) Change YES			SUITE 5J
Add Remove			TAMARAC, FL 33319
3) Change		_	TAMARAC, FL 33319
Add			
Remove			
4) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

amending or adding additional Articles, enter change(s) here: httach additional sheets, if necessary). (Be specific)	
1	
	•
a: Jahanes	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	, · · .
	্যে
(if not applicable, indicate N/A)	

The date of each amendment(s) adop date this document was signed.	tion:	, if other than
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depar	t does not meet the applicable statutory filing requirements, this date withment of State's records.	ill not be listed as
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted action was not required.	d by the incorporators, or board of directors without shareholder action an	d shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were suffice	d by the shareholders. The number of votes cast for the amendment(s) ient for approval.	
☐ The amendment(s) was/were approv must be separately provided for eac	ed by the shareholders through voting groups. The following statement h 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)	
10 10 10 10 10 10	(voing group)	
10/27/2023 Dated	4	
Signature	Larcill >	
selected, by appointed t	or, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court iduciary by that fiduciary) NCA CARGILL	_
PRE	(Typed or printed name of person signing) ESIDENT	
	(Title of person signing)	<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>
		14 9: UI

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