P160000	047343
(Address) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL	200401639982 MCZMEN
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	THE REPORT
Special Instructions to Filing Officer:	REOEIVED 2023 FEB 13 PH 3: 35 ALLAHASSELTU
Office Use Only	A. RAMSEY FEB 1 4 2023

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CORPORATION SERVICE COMPANY	
1201 Hays Street Tallhassee, FL 32301	
Phone: 850-558-1500	
ACCOUNT NO. :	12000000195
REFERENCE :	495593 3405C
AUTHORIZATION :	Equal de man
COST LIMIT :	\$ 35.00
ORDER DATE : February 13, 2023	
ORDER TIME : 2:24 PM	
ORDER NO. : 495593-005	
CUSTOMER NO: 3405C	
DOMESTIC AMENDM	ENT FILING
NAME: ESPOC, INC.	
EFFECTIVE DATE:	
BITECITVE DATE.	
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPOR	ATION
PLEASE RETURN THE FOLLOWING AS PROO	F OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFIED COPY CERTIFIED COPY	
CERTIFICATE OF GOOD STANDIN	
CONTACT PERSON: Alexxis Weiland	EXT#
EXAM	INER'S INITIALS:

		1	
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		<u>COVER LETTE</u> F	Ł
TO: Amendment Secti Division of Corpo			
NAME OF CORPOR	ATION: ESPOC, INC.		
DOCUMENT NUMB			
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	MAZAL LIROV		
	·	Name of Contact Per	5011
		Firm/ Company	
	1350 GULF BLVD. #803		
-	CLEARWATER, FL 33767	Address	
	<u> </u>	City/ State and Zip Co	de
	MAZAL@ESPOC.COM		
-	E-mail address: (to be us	sed for future annual repo	irt notification)
For further information	concerning this matter, pleas	se call:	
BUNYAD BHATTI		609 at (895-7070
Name o	f Contact Person		ode & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida De	partment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	 \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing <u>Address</u> ndment Section ion of Corporations Box 6327 hassee, FL 32314	Ame Divis The 2415	enAddress nament Section sion of Corporations Centre of Tallahassee 5 N. Monroe Street, Suite 810 hassee, FL 32303

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· .	· ·		
	Articles of A	1	
	to Articles of In	corporation	2023 FEB 13 AM 11: 18
	ot	ESPOC, INC.	2023 FEB 13 AH 11. 1
(<u>Name</u>	of Corporation as current		he Florida.Dept. of State)
	F	P1600004734	3
	(Document Number o	of Corporation	(if known)
Pursuant to the provisions of section 607 ts Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit	t Corporation adopts the following amendment(s)
 <u>If amending name, enter the new n</u> ClinicMind, Inc. 	ame of the corporation:		The new
	Corp." "Inc." or "Co".	A professional	"incorporated" or the abbreviation "Corp.," I corporation name must contain the word
B. <u>Enter new principal office address,</u> Principal office address <u>MUST BE A S</u>		N/A	
C. Enter new mailing address, if appl (Mailing address <u>MAY BE A POST</u>		N/A	
). If amending the registered agent ar	nd/or registered office add	ress in Florida	a, enter the name of the
new registered agent and/or the new	w registered office address		<u> </u>
Name of New Registered Agent	N/A		
	(Florida st. N/A	reet address)	
<u>New Registered Office Address:</u>		(Ciţy)	Florida <i>(Zip Code)</i>
Sew Registered Agent's Signature, if c	hanging Registered Agent		
hereby accept the appointment as regist	ered agent. I am familiar	with and accep	n the obligations of the position.
	Signature of New K	legistered Agen	nt if changing
Check if applicable			

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 PΤ John Doe X Remove <u>v</u> Mike Jones <u>X</u> Add <u>SV</u> Sally Smith Type of Action Title Address Name (Check One) N/A N/A N/A 1) ____ Change _____Add ___ Remove 2) ____ Change ____ Add ___ Remove 3) ____ Change ____ Add ____ Remove 4) ____ Change ____ Add ____ Remove 5) ____ Change __ Add ____ Remove 6) ____ Change ____ Add ____ Remove

1	
E. If amending or adding additional Articles, enter change(s) here:	
(Attach additional sheets, if necessary). (Be specific)	
PLEASE SEE ATTACHED EXHIBIT A.	
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F. If an amendment provides for an exchange, reclassification, or cancel provisions for implementing the amendment if not contained in the a	
(if not applicable, indicate N/A)	
N/A	
	+

The date of each amendment(s) adoption:, if other than the
date this document was signed.
Effective date <u>if applicable</u> :
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statistory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
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. <i>The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):</i>
"The number of votes cast for the amendment(s) was/were sufficient for approval
by
(voting group)
FEBRUARY 13, 2023
Dated
Signature proof 200
(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 fiduciary by that fiduciary)
YUVAL LIROV
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)

ESPOC, INC.

Exhibit A

to

Articles of Amendment to Articles of Incorporation

Pursuant to the provisions of section 607.1006. Florida Statutes, ESPOC. INC. (the "<u>Corporation</u>") adopts the following Articles of Amendment to its Articles of Incorporation, which were adopted by the shareholders of the Corporation on the date below in the manner prescribed by the Florida Statutes:

1. Article 1 of the Articles of Incorporation is hereby deleted and replaces in its entirety with the following:

ARTICLE I NAME

The name of the corporation shall be Clinic Mind, Inc. (the "Company").

2. Article VI.A. of the Articles of Incorporation is hereby deleted and replaced in its entirety with the following:

ARTICLE VI SHARES

A. The Company is authorized to issue two classes of stock to be designated. respectively, "Common Stock" and "Preferred Stock." The aggregate number of shares which the Company is authorized to issue is 55,000,000 shares, 50,000,000 shares of which shall be Common Stock (the "Common Stock"), and 5,000,000 shares of which shall be Preferred Stock"). All of such shares will be \$0,001 par value per share.

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		<u>COVER LETTÉR</u>	
TO: Amendment Section Division of Corport			
NAME OF CORPOR	ATION: ESPOC, INC.		
DOCUMENT NUMB	ER: P16000047343		
	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
I	MAZAL LIROV		
-		Name of Contact Perso	on
-		Firm/ Company	
_	1350 GULF BLVD. #803		
(CLEARWATER, FL 33767	Address	
-		City/ State and Zip Co	de
1	MAZAL@ESPOC.COM		
-	E-mail address: (to be us	sed for future annual repo	rt notification)
For further information	concerning this matter, pleas	se call:	
BUNYAD BHATTI		at (895-7070
Name of	Contact Person	Area C	bde & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Dep	partment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	 \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Divisi P.O, I	ng Address Idment Section ion of Corporations Box 6327 hassee, FL 32314	Amen Divisi The C 2415	t <u>Address</u> dment Section on of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303