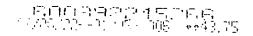
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COVER LETTER

Division of Corporations NAME OF CORPORATION: INFECTION CONTROL SERVICES of AMERICA. INC DOCUMENT NUMBER: 7170000 43333 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: STEVEN CHAMPER INFECTION CONTROL SERVICES of AMERICA INC 2314 SW174 P1#103
Address CAPE CORAL, FL 33991
City/ State and Zip Code 1 n fo @ ICS of America i Com

E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (267) 444-9239 Area Code & Daytime Telephone Number STEVENCLAMPER Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee □\$43.75 Filing Fee & ■\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certified Copy Certificate of Status Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed)

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to

Articles of Incorporation

	, ,	Λ /	2022 AUG ~	8 AH 0.5
+N4ECHON CONTROLS	EXUICES O	1-AMERICA	INC I	
FULCTION CONTROL S (Name of Corpo P17000043333	ration as currently filed	1 with the Florida De	ept. of State)	
P17000043333			10 1 _{4 4}	t.fL
(Đơ	ocument Number of Corp	oration (if known)		_
Pursuant to the provisions of section 607,1006, Fk	orida Statutes, this <i>Floria</i>	la Profit Corporation	adopts the following amer	ndment(s) to
its Articles of Incorporation:				, .
A. If amending name, enter the new name of the	ne corporation:			
			TL	
name must be distinguishable and contain the word	T"corporation," "compa	ny, " or "incorporated	The I" or the abbreviation "Co	
"Inc.," or Co.," or the designation "Corp," ",		essional corporation	name must contain the	word
"chartered," "professional association," or the a	рогеманов - г.А.			
B. Enter new principal office address, if applic		N/A		
Principal office address <u>MUST BE A STREET</u>	<u>ADDRESS</u>)	,		
				
C. Enter new mailing address, if applicable:		N/A		
(Mailing address <u>MAY BE A POST OFFICE</u>	<u>BOX</u>)	10/1		
				_ _
D. If amending the registered agent and/or reg new registered agent and/or the new registe		Horida, enter the n	ame of the	
Name of New Registered Agent		· · · · · · · · · · · · · · · · · · ·		
	(Florida street add	•		
New Registered Office Address:	N/F		, Florida	
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing	Registered Agent:			
hereby accept the appointment as registered age		nd accept the obligation	ons of the position.	
	11/n			
	N/A Signature of New Register	red Avent if changing	,	
	-games of their regular	. au regam, y ununging	•	
Check if annlicable				

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)

Example:

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.

X Change	<u>PT</u> <u>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	SV Sali	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>T</u>	NATAN SIMON	2840 YEllow CREEK Loop
Add Remove			2840 YEIIOW CREEK LOOP # 213 CAPE CORAL, FL 33909
2) Change			
Add			
Remove Change		<u> </u>	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			****
Add			
Remove			

xuaca aaaanonai 300	ng additional Art eets, if necessary).	(Be specific)	
	,	N) /A	
	/	\mathcal{O}/\mathcal{H}	
			
			
 			
, , , , , , , , , , , , , , , , , , , ,			
an amendment pr	ovides for an excl	hange, reclassification, or cancellation of issued shares,	
<u>provisions for imple</u>	ementing the ame	endment if not contained in the amendment itself:	
(if not applicabl	e, indicate N/A)	,	
		NA	
		,	
			•

The date of each amendment(s) addate this document was signed.	doption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment f	ile date)
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requepartment of State's records.	tirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without	shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for afficient for approval.	the amendment(s)
	proved by the shareholders through voting groups. The each voting group entitled to vote separately on the am	
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by		,
	(voting group)	
selected	irector, president or other officer – if directors or officer d, by an incorporator – if in the hands of a receiver, trusted fiduciary by that fiduciary)	rs have not been tee, or other court
	STEVEN CLAMPER	
	(Typed of printed name of person signing)	
7	H1/2 0 /25.	
7 4	(Title of person signing)	