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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CO	RPORATION: FIRST RESPONSE	E WELLNESS, P.A.			
	UMBER: P17000046322				
The enclosed <i>Ar</i>	ticles of Amendment and fee are su	bmitted for filing.			
Please return all	correspondence concerning this ma	tter to the following:			
	David Poces	David Poces			
	Name of Contact Person				
		Firm/ Company			
	PO Box 1088				
		Address			
	Boca Raton, FL 33429				
		City/ State and Zip Code	:		
	bioread120@gmail.com				
-	E-mail address: (to be us	sed for future annual report	notification)		
For further infor	nation concerning this matter, plea	se call:			
David Poces		561 at (_) 302-6820		
Name of Contact Person		Area Coo	le & Daytime Telephone Number		
	ock for the following amount made	payable to the Florida Depa	ortment of State:		
Enclosed is a che	sek for the fortowing timount made				
S35 Filing F	_	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		

Articles of Amendment to Articles of Incorporation of

FIRST RESPONSE WELLNESS, P.A.

(Name of Corporation as co	currently filed with the Florida Dept. of State) 1/5 1/11
P17000046322	currently filed with the Florida Dept. of Stafe) 15 12:57
(Document Nu	imber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporat	tion:
N/A	The new
name must be distinguishable and contain the word "corporate "Inc.," or Co.," or the designation "Corp." "Inc," or "Contains and association or the abbreviation."	tion," "company," or "incorporated" or the abbreviation "Corp.," Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	203 KINGSWAY ROAD
(Principal office address <u>MUST BE A STREET ADDRESS</u>	BRANDON, FL 33510
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office	
new registered agent and/or the new registered office a	iddress:
Name of New Registered Agent	
	orida street address)
New Registered Office Address: N/A	Florida
New Registered Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am far	Agent: miliar with and accept the obligations of the position.
Signature of	New Registered Agent if changing
Signature of	New Registered Agent, if changing

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>	John Doe	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	P	JAMES VIRGILIO	1446 NW 2ND AVE
Add			SUITE 103
Remove			BOCA RATON, FL 33432
2) X Change	VP	DAVID POCES	1446 NW 2ND AVE
Add			SUITE 103
Remove Change			BOCA RATON, FL 33432
Add			
Remove			
4) Change			
Add			
Remove			<u></u> .
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

<u>11 am</u> (Attac	ending or adding additional Articles, enter change(s) here: h additional sheets, if necessary). (Be specific)
۱/A .	
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	· · · · · · · · · · · · · · · · · · ·
. <u>If an</u>	amendment provides for an exchange, reclassification, or cancellation of issued shares.
prev	risions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
I/A	

.

	doption:, if other than the
date this document was signed.	
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will not be listed as the epartment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes cas	for the amendment(s) was/were sufficient for approval
by	······································
	(voting group)
☐ The amendment(s) is/are being	filed pursuant to s. 607.0120 (11) (e), F.S.
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without shareholder action and shareholder
1/13/2020 Dated	
Signature	David Poces
selecte	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court ated fiduciary by that fiduciary)
	DAVID POCES
	(Typed or printed name of person signing)
	VICE PRESIDENT
	(Title of person signing)