## P18000013742

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STATES OF CORPOSATION

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## **COVER LETTER**

NAME OF CORPORATION: Palm Corest Ungent Care INC

DOCUMENT NUMBER: P180000137442

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Contact Person

Document Number: P180000137442

Name of Contact Person

Document Number: P180000137442

Name of Contact Person

Emerald

Orlando FL 32836.
City/ State and Zip Code

PalmCoasturgent Caret Mc Camail Com.
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jean Francis Rodney at (305) 297-7709

Name of Contact Person at (305) Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 Filing Fee

TO: Amendment Section

Division of Corporations

□\$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)

**Mailing Address** 

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

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment

Articles of Incorporation
$\overline{\mathcal{L}}$ . of $\mathbb{Z}$
- Palm Coast UrgENT (Are INC
(Name of Corporation as currently filed with the Florida Dept. of State)
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(
A. If amending name, enter the new name of the corporation:
Name must be distinguished.
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "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. Potes and the second
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
S Section 1 Section 1 Section 2 Sect
THE R.
D. If amending the registered agent and/or registered office address in Florida, enter the name of the
The state of the s
Name of New Registered Agent Jean François Roche
(Florida street address)
New Registered Office Address: Octob (City), Florida 32836.
(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:
hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
the hel
Signature of New Registered Agent, it changing
of the Registered Agent, of 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)

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 = ChiefExecutive 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:	os co, and barry bin	in, ar us un Auu.			<b>3</b> .
X Change	<u>PT</u> <u>John</u>	<u>Doe</u>			
X Remove	<u>V</u> <u>Mike</u>	Jones Jones			
_X Add	SV Sally	Smith			
Type of Action (Check One)	Title	<u>Name</u>		Address	
1) Change	<u>P</u>	Francesc	zn <u>Uicda</u> s	10735 Emerald Ch	ase L
Add Remove				Odando FLI 32856	
2) Change	YP	Yanick	Dimesle	10735 Emerald Ch	ax)
Remove 3)Change	P	Tomo		Orlando Fl.	
Add Remove	<u> </u>	JEWY TY	ancois Ma	ref 10735 Emerald Orlando FL 32836	Chas
4) Change Add					
Remove					
5) Change					
Add					
6) Change					
Add					

	). (Be specific)			
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n amendment provides for an ex ovisions for implementing the ar	<u>icnange, reciassii</u> mendment if not (	cation, or cancella	ation of issued sna:	res,
(if not applicable, indicate N/A)	mendinent is not	John Marie M	Hending Hacit.	
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				<del></del>

he date of each amendment(s) adoption:	, if other than the
ate this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this decument's effective date on the Department of State's records.	ate will not be listed as the
doption of Amendment(s) ( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment( by the shareholders was/were sufficient for approval.	s)
The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required.	er
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 0(4/27/2018	
Signature the beautiful to the signature	
(By a director, president or other officer - if director or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other cou	ırt
appointed fiduciary by that fiduciary)	in many many many
Sea Francois Rochey (Typed or printed name of person signing)	
Prosident	
(Title of person signing)	<del></del>