P1800018987

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	MAGS	HEALTHCARE	CONSUL	TANT, INC.		
OCUMENT NUMBER: P18000018987						
The enclosed Articles of Amendr	nent and fee are su	ibmitted for filin	g.			
Please return all correspondence	concerning this ma	itter to the follow	ving:			
		JACK LEV	INE, CPA			
	Name of Contact Person					
	JACK LEVINE P.A.					
		Firm/ Co	ompany			
	3050 BISCAYNE BLVD SUITE 302					
		Add	ress	· · · · · · · · · · · · · · · · · · ·		
		MIAMI, FL 3	33137			
		City/ State as	nd Zip Cod	e		
	JL	.@JACKLEVIN	ECPA.CC	DM .		
E-ma	l address: (to be u	sed for future an	nual report	notification)		
For further information concerning	g this matter, pleas	se call:				
JACK LEVINE, CPA		at (_	305	912-0085		
Name of Contact	Person			de & Daytime Telephone Number		
Enclosed is a check for the follow	ving amount made	payable to the F	lorida Depa	artment of State:		
<u>-</u>	.75 Filing Fee & tificate of Status	□\$43.75 Fili Certified C (Additional enclosed)	ору	☐\$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 to Articles of Incorporation of

MAGS HEALTHCARE CONSULTANT, INC.

		·			
(<u>Name of C</u>		itly filed with the Florid	la Dept. of State)		
	P1800	00018987			
	(Document Number	of Corporation (if know	n)		
Pursuant to the provisions of section 607.100 ts Articles of Incorporation:	06. Florida Statutes, thi	s Florida Profit Corpor	ation adopts the following	amendment(s)	
A. If amending name, enter the new name	of the corporation:				
				The new	
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association	on "Corp," "Inc," or	"Co". A professional			
Enter new principal office address, if applicable:		2020 N. BAYSHO	2020 N. BAYSHORE DRIVE APT 1607		
Principal office address <u>MUST BE A STR</u> i		MIAMI, FL 33137			
		<u> </u>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2020 N. BAYSHC	2020 N. BAYSHORE DRIVE APT 1607		
		MIAMI, FL 33137	MIAMI, FL 33137		
			· · · · · · · · · · · · · · · · · · ·		
 If amending the registered agent and/o new registered agent and/or the new re 			the name of the		
	JACK LEVINE, P.A.				
Name of New Registered Agent	3050 BISCAYN	E BLVD SUITE # 302			
	(Florida :	street address)			
New Registered Office Address:	MIAMI		33137 Florida		
New Registered Office Address.		(City)	, FIOHda (Zip C	ode)	
			2018		
lew Registered Agent's Signature, if chan hereby accept the appointment as registere	iging Registered Agei	<u>11:</u> r with and aveent the obj			
nercity accept the appointment as registere	a agem. Tam jamina		igations of the position.	Managed Surface a	
	7 0 7	e Jiho	<u> </u>	: :	
	20V	WINE	ַ ט י	1 : 2	
	Signature of New	Registered Agent, if cha	inging : 💛	Sec.	
			<u>, w</u>		

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	<u>PT</u>	John Doe		
X Remove	V	Mike Jones		
X Add	<u>\$V</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change				
Add				
Remove				······
3) Change			· · · · · · · · · · · · · · · · · · ·	
Add				
Remove				
4) Change	-			
Add				
Remove				
S) Chara				
5) Change		-		
Add				
Remove				
6) Change		_		
Add				
Remove				

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
	
	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(п) посаррисавте, (патсате мл.)	

	8/1/2018	
The date of each amendment(s) a	doption:	, if other than the
date this document was signed.	200220	
Effective date if applicable:	8/1/2018	
Effective date in 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, the partment of State's records.	his date will not be listed as th
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 amendatificient for approval.	nent(s)
	proved by the shareholders through voting groups. The following streach 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)	
	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and share	cholder
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and sharehold	ler
Dated	10/2018	
	firector, president or other officer - if directors or officers have not	
	ed, by an incorporator - if in the hands of a receiver, trustee, or othe	r court
appoi	nted fiduciary by that fiduciary)	
	MARGIE G. STICKLES	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	