

P18000018987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

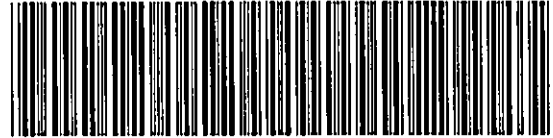
(Business Entity Name)

(Document Number)

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T. LEMELUX

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MAGS HEALTHCARE CONSULTANT, INC.

DOCUMENT NUMBER: P18000018987

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

Please return all correspondence concerning this matter to the following:

JACK LEVINE, CPA

Name of Contact Person

JACK LEVINE P.A.

Firm/ Company

3050 BISCAYNE BLVD SUITE 302

Address

MIAMI, FL 33137

City/ State and Zip Code

JL@JACKLEVINECPA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JACK LEVINE, CPA at (305) 912-0085
Name of Contact Person Area Code & Daytime Telephone Number

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

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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.

(Name of Corporation as currently filed with the Florida Dept. of State)

P18000018987

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "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)

2020 N. BAYSHORE DRIVE APT 1607

MIAMI, FL 33137

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

2020 N. BAYSHORE DRIVE APT 1607

MIAMI, FL 33137

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent JACK LEVINE, P.A.

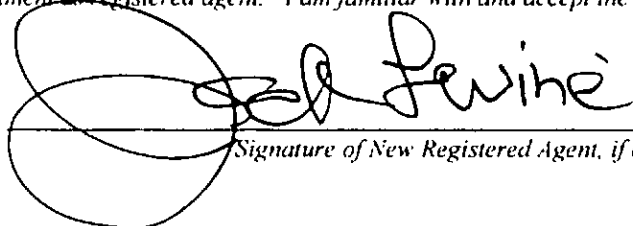
3050 BISCAYNE BLVD SUITE # 302

(Florida street address)

New Registered Office Address: MIAMI, Florida 33137
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.


Signature of New Registered Agent, if changing

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(Attach additional sheets, if necessary). (Be specific)

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(if not applicable, indicate N/A)

[illegible]

8/1/2018

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

8/1/2018

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory 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 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. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____."
(voting group)

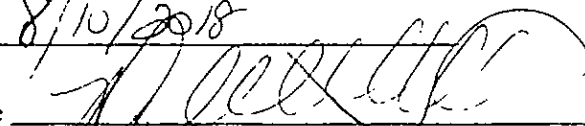
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated

8/10/2018

Signature



(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)

MARGIE G. STICKLES

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)