Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : MEDICAL BILLING CONSULTANTS, INC.

Account Number : I20200000206 Phone : (305)463-6690 Fax Number : (305)463-6693

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COR AMND/RESTATE/CORRECT OR O/D RESIGN BLUE WINGS BEHAVIORAL SERVICES INC

Certificate of Status	0
Ccrtified Copy	0
Page Count	01
Estimated Charge	\$35.00

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Corporate Filing Menu

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To:

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Articles of Amendment to Articles of Incorporation of

to Articles of Incorporation of

BLUE WINGS BEHAVIORAL SERVICES INC		
(Name of Corporati	ion as currently filed with the Florid	da Dept. of State)
P18000056478		
(Docum	nent Number of Corporation (if know	n)
Pursuant to the provisions of section 607.1006, Floridates Articles of Incorporation:	a Statutes, this Florida Profit Corpor	ation adopts the following amendment(s)
A. If amending name, enter the new name of the co	orporation:	
		The new
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp." "Inc. "charmered," "professional association," or the abbre	" or "Co". A professional corpor	orated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADI</u>	e: DRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u> ,	
		
D. If amending the registered agent and/or register	red office address in Florida, enter	the name of the
new registered agent and/or the new registered		
Name of New Registered Agent	· · · · · · · · · · · · · · · · · · ·	
·	(Florido stree: address)	
New Registered Office Address:		, Florida
	(Chy)	(7sp Code)
Now Devices and Assembly Cinguity of shoreing Deco	alistance de acado	
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	<u>issered Agem:</u> I am familiar with and accept the ob	ligations of the position.
O:	ature of New Registered Agent, if cha	Para Chie
mgir.	ание од нев подъчении муст, у спа	ments

Check If applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

To: Page: 4 of 6 2022-08-08 20;41;23 GMT 13054636693 From: Luciano Puentes

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 Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	PT	John Do	<u>¢</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>\$V</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Address</u>
1) Change	VP	_	Ailadys Sordo	3417 SW 152ND PL
X Add				
Remove				Miami, FL 33185
2) Change		_		
Add				11
Remove 3) Change		_		
Add				
Remove				
4) Change				48-
Add				· · · · · · · · · · · · · · · · · · ·
Remove				
5) Change		_		
Add				
Remove				
6)Change		~		
Add				
Remove				

E. <u>If amending or adding additional Articles, enter change(s) here:</u> (Attach additional sheets, if necessary). (Be specific)				
· · · · · · · · · · · · · · · · · · ·				
F. If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares.			
provisions for implementing the ame (if not applicable, Indicate N/A)	endment if not contained in the amendment itself:			

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