## P1800068953

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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SECRE PAR COE SELLS PALLAHASSEE, FLORIOA

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: New Hori	zons Pediatric Inc				
DOCUMENT NUMBER: P1800006895	53		<u> </u>		
The enclosed Articles of Amendment and f					
Please return all correspondence concerning	g this matter to the following	:			
Birgit Rudestedt					
	Name of Contac	t Person			
	Firm/ Com	pany			
14391 Spring Hill I	Or #168				
Spring Hill FL 3460	Addres:				
	City/ State and	Cip Code			
b.rudestedt@gmail.com					
E-mail address:	(to be used for future annua	l report notification)	_		
For further information concerning this mat	ter, please call:				
Birgit Rudestedt	at (	686-0220			
Name of Contact Person	,	Area Code & Daytime Telephone N	Vumber		
Enclosed is a check for the following amou	nt made payable to the Flori	da Department of State:			
■ \$35 Filing Fee □S43.75 Filing Certificate of		Certificate of Status			
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 of

New Horizons Pediatric Inc.

Trew Horizons redigine inc	
(Name of Corporation as currently	iled with the Florida Dept. of State)
p189000068953	
(Document Number of C	orporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
New Horizons Pediatrics, Inc	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "P.	" "company," or "incorporated" or the abbreviation ". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address:  Name of New Registered Agent	s in Florida, enter the name of the
(Florida stree	address)
New Registered Office Address:	, Florida
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with	
	istered 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)

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 Do	<u>5c</u>	
X Remove	<u>V</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Si	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) X Change	P		Ahmad Zuhdi	16424 Burniston Dr
Add				Tampa, FL 33647
Remove				
2) Change		<del></del>		
Add				<del></del>
Remove				
3 ) Change		_		
Add				
Remove				-
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add		_		
Remove				

Attach <i>additio</i>	mal sheets, if	ditional Articl necessary).	(Be specific)	inge(s) here				
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_ <del>,</del>								
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f an amendr	nent nravides	for an excha	ngo roelassi	fication or	cancellation	of issued sl	harac	
provisions fo	or implementi	ing the ameng	iment if not	contained in	n the amend	ment itself:		
(if not a <sub>l</sub>	oplicable, indi	cate N/A)						
								<del></del>
							•	
	<del></del>					<del></del>		
<u></u>								

087/14/18 The date of each amendment(s) adoption:	, if other than
date this document was signed.  08/10/18  Effective date <u>if applicable</u> :	
(no more than 90 days after amendme	nt file date)
Note: If the date inserted in this block does not meet the applicable statutory filing r document's effective date on the Department of State's records.	requirements, this date will not be listed as
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast by the shareholders was/were sufficient for approval.	for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. 7 must be separately provided for each voting group entitled to vote separately on the	
"The number of votes cast for the amendment(s) was/were sufficient for approv	ral
by	···
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder a action was not required.	ction and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action action was not required.	n and shareholder
Dated 08/14/2018	
Signature	
(By a director, president or other officer – if directors or off selected, by an incorporator – if in the hands of a receiver, appointed fiduciary by that fiduciary)	trustee, or other court
AHMAD ZUHL	>1
(Typed or printed name of person signing	
(Title of person signing)	

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