# P18 0000 97375

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OBANISCENER

Incorporating Services, Ltd.

J • ( ) •

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

# incserv<sup>o</sup>

#### **ORDER FORM**

**TO** Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM

Melissa Moreau mmoreau@incserv.com 850.656.7953

sheln@dos myflorida com

**REQUEST DATE** 11/27/2023

PRIORITY F

Regular Approval

OUR REF # (Order ID#) 1200402

**ORDER ENTITY** 

1NHEALTH, INC.

### PLEASE PERFORM THE FOLLOWING SERVICES:

1NHEALTH, INC. (FL)

File the attached correction document and provide a certified copy.

#### NOTES:

\$43.75 Authorized

#### **RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Monday, November 27, 2023 Page 1 of 1

# **COVER LETTER**

TO: Amendment Section Division of Corporations	
InHealth, Inc. SUBJECT:	
	Name of Corporation
DOCUMENT NUMBER: P180000	73/2/2
The enclosed Articles of Correction and f	ee are submitted for filing.
Please return all correspondence concerni	ing this matter to the following:
Lori J. Fryar	
Name of Contact Person	<del></del>
Wyrick Robbins Yates & Ponton LLP	
Firm/Company	
4101 Lake Boone Trail, Suite 300	
Address	
Raleigh, North Carolina 27607	
City/State and Zip Code	
lfryar(@wyriek.com	
E-mail address (to be used for future annual)	report nottlication)
For further information concerning this m	natter, please call:
Lori J. Fryar	919 781-4000
Name of Contact Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amo	aunt:
□ \$35.00 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status
, •	_
■ \$43.75 Filing Fee & Certified Copy	□ \$52.50 Filing Fee. Certificate of Status & Certified Copy
Mailing Address:	Street Address:
Amendment Section	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

# ARTICLES OF CORRECTION

For

INHEALTH, INC.	
Name of Corporation as currently filed with the Florid	ta Dept, of State
P18000097375	
Document Number (it known)	
Pursuant to the provisions of Section 617.0124, Florida Statute Articles of Correction within 30 days of the file date of the doc	es, this corporation files these cument being corrected.
These articles of correction correct Third Amended and Restated A	articles of Incorporation
filed with the Department of State on November 20, 2023  (File Date of Document)	nent)
Specify the inaccuracy, incorrect statement, or defect:	
The second sentence on page 1 in item 3 incorrectly refers to the date as	November 17, 2023.
The last sentence on page 1 incorrectly refers to the date as November 1	7, 2023.
	2(23 1: ): '
	2:
Correct the inaccuracy, incorrect statement, or defect:	2
The second sentence on page 1 in item 3 should read as follows: "These'	Third Amended and Restated Articles of
Incorporation were approved by the shareholders of the corporation on N	lovember 20, 2023, the number of votes cast
for the Third Amended and Restated Articles of Incorporation being suff	icient for approval in accordance with
Section 607.0704 of the Business Corporation Act." In addition, the last s	sentence on page 1 should read as follows:
"IN WITNESS WHEREOF, these Third Amended and Restated Articles of	of Incorporation have been executed by a
duly authorized officer of this corporation on November 20, 2023."	
(Signature of a director, president or other officer - of direct not been selected, by an incorporator - if in the hands of it other court appointed fiduciary, by that fiduciary.)	
Dan Brenner	Chief Executive Officer
(Typed or printed name of person signing)	(Title of person signing)

Filing Fee: \$35.00