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(Requestor's Name) (Address)	200335699952
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(City/State/Zip/Phone #)	200335699952 10/16/1901003005 ++35.0
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TO: Amendment Section

Division of Corporations

Hyperbaric Health Services Inc. NAME OF CORPORATION: 119 000044532 DOCUMENT NUMBER:

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

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

Name of Contact Person

at (904) 540- \$99Area Code & Daytime Telephone Number

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

🖸 \$35 Filing Fee

□\$43.75 Filing Fee & Certificate of Status

□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)

□\$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
<u>Hyperbaric Health Services, Inc</u> (<u>Name of Corporation as currently filed with the Florida Dept. of State</u>)
(<u>Name of Corporation as currently filed with the Florida Dept. of State</u>)
P19000044538
(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendmentits Articles of Incorporation:

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

Hyperbaric Health Services Inc The new name must be disringuishable and contain the word "corporation," "company," or "incorporated" or the abbreviation

name must be dishinguishable 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. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)

C.	Enter new mailing address, if appli (Mailing address <u>MAY BE A POST (</u>			9 OCT	د ا ا ا ا
				<u>Б</u>	
					-
			<u> </u>	_ب	-
n	If amonding the registered agent an	d/o <u>r registered office address in</u> Florida, enter the name of the	·	- <u>-</u> -	
	new registered agent and/or the new			0	
	Name of New Registered Agent				
		(Florida street address)			

<u>New Registered Office Address:</u>

(City)

(Zip Code)

, Florida

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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

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title.name 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 = Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each 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. Tha change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Che Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: <u>X</u> Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
<u>Type of Action</u> (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change		<u> </u>	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach addition	<u>adding additional Articles, enter char</u> al sheets, if necessary), (Be specific)	<u></u>	,
		·····	
		<u></u>	
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provisions for	ent provides for an exchange, reclassifi r implementing the amendment if not c plicable, indicate N/A)	cation, or cancellation of issued ontained in the amendment itse	<u>shares,</u> <u>lf:</u>
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	<u> </u>		
	·		

The date of each amendment(s) adoption: <u>Celber 8, 2019</u> , if other the date this document was signed.
Effective date if applicable: 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0,
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed 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. <i>The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):</i>
"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 October 9, 2019 Signature ALAR
(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)
(Typed or printed name of person signing)
President (Title of person signing)
(The of person signing)

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