Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000221343 3)))



H220002213433ABCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

Phone

: (305)552-5973

Fax Number

: (305)675-5944

Enter the email address for this business entity to be used for future. annual report mailings. Enter only one email address please.

mail	Address:	
------	----------	--

COR AMND/RESTATE/CORRECT OR O/D RESIGN M & D MENTAL HEALTH INC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

C. BRUMBLEY JUN 2 9 2022

Electronic Filing Menu

Corporate Filing Menu

Help

Articles of Amendment

of

Ml D yental Health Inc
Florida Document Number: P19000087666
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:
-Change Principal Address
175 Fontainebleau Blud suite 18 =
Niami FC 33172
-Change Registered Address
On 175 Fontainebleau Blud suite 18 HIBMI FL
- change mailing Adress
175 Fontainebleau B)vd suite 1R
MIDHI FC 33172
These articles of amendment were adopted on 6/27/27
These articles of amendment were adopted on The corporation has only one group of voting stock. This amendment was approved by the shareholders and the number of
votes cast for amendment was sufficient for approval
O Decision of the second
Signature DAUA HODO (P) Printed Name and Title
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