P20 00000 2139

| (Req | uestor's Name) | |
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| | ress) | |
| (Adds | ress) | |
| (City/ | State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | Certificate | s of Status |
| Special Instructions to Fi | iling Officer: | |
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COVER LETTER

| TO: Amendment Section Division of Corporation | ons |
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| | Paul Martilona Inc |
| NAME OF CORPORAT | ion: Keal Heading IIIC. |
| DOCUMENT NUMBER: | P200000 2139. |
| | |
| | • |
| · | Gara Steinfeld |
| | Name of Contact Person |
| | feat fically Inc. |
| · | 50 SP 6th AUE , 200 suite H2 |
| , 12. . | Address |
| | Delray Beach, FL 33483 |
| | RATION: Leal Meading MC. BER: 12000002139. In Amendment and fee are submitted for filing. Spondence concerning this matter to the following: CACA HEINFELD Name of Contact Person Firm/ Company 550 Se 6th Ave 200 suite H2 Address Delvay Beach FL 33483 City/ State and Zip Code Gara D Sheinfeld Gamail wm E-mail address: (to be used for future annual report notification) on concerning this matter, please call: CACHO Sheinfeld Gamail wm Area Code & Daytime Telephone Number or the following amount made payable to the Florida Department of State: \$\int \frac{561}{343.75} \text{ Filing Fee} & \$\int \frac{543.75}{3640inal copy is chiling Fee} \text{ Certificate of Status} \text{ Critified Copy (Additional copy is enclosed)} illing Address Street Address Street Address |
| | Gara DSteinteld a ginalition |
| | E-mail address: (to be used for future annual report notification) |
| For firsther information on | accoming this matter places calls |
| ror further further further con | |
| Gara | Sterne 12 1,561, 3029294. |
| Name of Co | ontact Person Area Code & Daytime Telephone Number |
| Enclosed is a check for the | following amount made payable to the Florida Department of State: |
| \$35 Filing Fee | Certificate of Status Certified Copy Certificate of Status (Additional copy is '' Certified Copy enclosed) (Additional Copy |
| <u>Mailing</u> | Address Street Address |
| Amendn | nent Section Amendment Section of Corporations Division of Corporations |
| P.O. Box | |

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tállahassee, FL 32303

| Articles of A | |
|--|--|
| Articles of In | |
| Real Hea | ling Inc. |
| (Name of Corporation as current | ly filed with the Florida Dept. of State) |
| P20000 | 002139 |
| (Document Number of | of Corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation: | Florida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation: | |
| heal Hearny (ou | nsling INC. The new |
| name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A." | company," or "incorporated" or the abbreviation "Corp.,". A professional corporation name must contain the word |
| B. Enter new principal office address, if applicable: | 550 se 6th ave. |
| (Principal office address MUST BE A STREET ADDRESS) | · |
| | 1 - |
| · | 33782 |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | Dellay Beach, FL 33483 Solution Selection of the select |
| | 200 suite +12 |
| · - | Dellay Reach IFL 3:3483 |
| D. If amending the registered agent and/or registered office add | |
| new registered agent and/or the new registered office address | <u>u</u> |
| Name of New Registered Agent | |
| | |
| (Florida st | reet address) |
| New Registered Office Address: | |
| • | rri + |
| | |
| New Registered Agent's Signature, if changing Registered Agent | |
| Thereby accept the appointment as registered agent. Turn juintitur | жин ини ассері іне обиданонь ој те ромнон. |
| • | · |
| Charles Chi T | Desirement desired if the major |
| Signature of New H | Registered Agent, if changing |
| Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) | (e), F.S. |

| | adding additional sheets, if nec | | | | _ 1 -1 | អ្នក ស្រួមស្រានទៅស្រុ ស្រួ | | |
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| an amendme | nt provides for | r an exchan | ige, reclassi | fication, or cance | llation of issued s | hares, | | |
| if not appl | implementing icable, indicate | the amend e N/A) | ment it not | contained in the | amendment itself | İ | | |
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