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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR		ECT SOLUTIONS INC.				
DOCUMENT NUMB	er: <u>P2000</u>	004385				
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.				
Please return all corresp	oondence concerning this ma	tter to the following:				
	DEREK BENNETT					
- !	HEALTH CONNECT SOUL	Name of Contact Person TIONS INC	<u>-</u>			
-	5728 Seton Dr.	Firm/ Company				
-	MARGATE, FL 33063	Address				
-		City/ State and Zip Code	e			
-	E-mail address; (to be us	sed for future annual report	notification)			
For further information	concerning this matter, pleas	se call:		S	~ 3	
DEREK BENNETT		561 at (365-0568 	ECNE TALL	923 FIA	
· Name o	f Contact Person	Area Co	de & Daytime Telephone Number	- 2 5 5 7 1	Y -	171 av
Enclosed is a check for	the following amount made	payable to the Florida Depa	urtment of State:	% 9	D. H.	
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	OF STATE	2023 MAY -1 AMII: 07	
Amer Divis P.O.	ing Address Indiment Section Ition of Corporations Box 6327 Itansee, FL 32314	Amenc Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

HEALTH CONNECT SOLUTIONS INC.

(<u>rame or exception as earren</u>	tly filed with the Florida Dept. of State)	
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendme	nt(s) to
A. If amending name, enter the new name of the corporation:		
NIA	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: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	NA	
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	NIA	.
D. If amending the registered agent and/or registered office adenew registered agent and/or the new registered office address	dress in Florida, enter the name of the SS: Compared to the SS:	
Name of New Registered Agent NA	SP ST	
(Florida s	treet address)	1
New Registered Office Address: N/A	. Florida Zip Coder	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familian	nt: with and accept the obligations of the position.	
N/A Signature of Nov.	Registered Agent, if changing	

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

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)

Remove

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 Doe			
X Remove	<u>V</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action	<u>Title</u>	<u>Name</u>		<u>Addres</u> s	
(Check One)	V	ANITA BEN	NEUT	5728 SETON DR	
1) Change Add		_		MARGATE, FL 33063	
Remove				·	
2) Change					
Add				2928 TEC	
Remove 3) Change				SECRETAL AL	
Add				<u> </u>	
Remove				AM II: 07 OF STATE CEE, FL	
4) Change				TATE FL	
Add					
Remove					
51 Change					
Add					
Remove					
6) Change					
Add					

E. If amending or adding additional Articles, enter change(s) here:

1		
The date of each amendment(s) addate this document was signed.	option:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	book does not meet the applicable statutory filing requirements, this date will partment of State's records.	Il not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were adopted action was not required.	nted by the incorporators, or board of directors without shareholder action and	d shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	nted by the shareholders. The number of votes east for the amendment(s) Tricient for approval.	
☐ The amendment(s) was/were appromist be separately provided for e	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
Dated <u>04 - 2</u>	5-2023	
Signature	ector, 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 and fiduciary by that fiduciary)	
Į.	DEREK BENNETT	VI. VISSEC
-	(Typed or printed name of person signing)	
I	PRESIDENT	17. 25.

(Title of person signing)

SECRETARY OF STATE
TALLAHAS SEE, FL