

PA00000040401

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

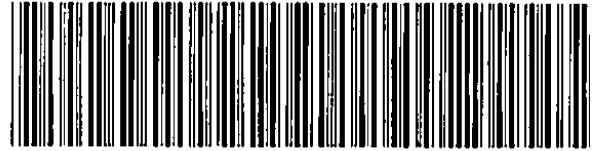
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE  
APR 30 2024

Office Use Only



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2024 APR -9 PM 1:51  
STATE



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

Attached is a form for filing *Articles of Amendment* to amend the articles of incorporation of a *Florida Profit Corporation* pursuant to section 607.1006, Florida Statutes. This is a basic amendment form and may not satisfy all statutory requirements for amendment.

A corporation can amend or add as many articles as necessary in one amendment.

- The original incorporators cannot be amended.
- If amending the name of the corporation, the new name must be distinguishable on the records of the Florida Department of State. A preliminary search for name availability can be made through the Division's website at [www.sunbiz.org](http://www.sunbiz.org). You are responsible for any name infringement that may result from your corporate name selection.
- If amending the registered agent, the new agent must sign accepting the appointment and state that he/she is familiar with the obligations of the position.
- If amending/adding officers/directors, list titles and addresses for each officer/director.
- If amending from a general corporation to a professional corporation, the purpose (specific nature of business) must be amended or added if not contained in the articles of incorporation.

If a section is not being amended, enter N/A or Not Applicable.

The document must be typed or printed and must be legible.

Pursuant to section 607.0123, Florida Statutes, a delayed effective date may be specified but may not be later than the 90<sup>th</sup> day after the date on which the document is filed.

|                                  |   |
|----------------------------------|---|
| Filing Fee                       | \$35.00 (Includes a letter of acknowledgment) ✓ |
| Certified Copy (optional)        | \$8.75  |
| Certificate of Status (optional) | \$8.75 ✓  |

Send one check in the total amount made payable to the Florida Department of State.

Please include a letter containing your telephone number, return address and certification requirements, or complete the attached letter.

Mailing Address

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

For further information you may call the Amendment Section at (850) 245-6050

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: ACCESSIBLE REMOTE PATIENT MONITORING, INC.

DOCUMENT NUMBER: P0000040401

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

Please return all correspondence concerning this matter to the following:

AARIF DAHOD

Name of Contact Person

ACCESSIBL REMOTE CARE MANAGEMENT

Firm/ Company

3111 NORTH UNIVERSITY DRIVE, SUITE 625

Address

CORAL SPRINGS, FLORIDA 33065

City/ State and Zip Code

aarifd@accessiblerem.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AARIF DAHOD

Name of Contact Person

at ( 954 )

8733445

Area 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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED  
2024 APR -9 PM 1:49  
STATE

ACCESSIBLE REMOTE PATIENT MONITORING, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P0000040401

(Document Number of Corporation (if known))

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

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

ACCESSIBLE REMOTE CARE MANAGEMENT, INC.

*The new name must be distinguishable 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. Enter new principal office address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida

(City)

(Zip Code)

**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

**Check if applicable**

☒ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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)

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 of the titles. Example: 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. If as 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 Remove, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

|                 |           |                    |
|-----------------|-----------|--------------------|
| <u>X</u> Change | <u>PT</u> | <u>John Doe</u>    |
| <u>X</u> Remove | <u>V</u>  | <u>Mike Jones</u>  |
| <u>X</u> Add    | <u>SV</u> | <u>Sally Smith</u> |

| <u>Type of Action</u><br>(Check One) | <u>Title</u>         | <u>Name</u>          | <u>Address</u>       |
|--------------------------------------|----------------------|----------------------|----------------------|
| 1) <input type="checkbox"/> Change   | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> Add         | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> Remove      | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2) <input type="checkbox"/> Change   | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> Add         | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> Remove      | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 3) <input type="checkbox"/> Change   | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> Add         | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> Remove      | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 4) <input type="checkbox"/> Change   | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> Add         | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> Remove      | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 5) <input type="checkbox"/> Change   | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> Add         | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> Remove      | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 6) <input type="checkbox"/> Change   | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> Add         | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> Remove      | <input type="text"/> | <input type="text"/> | <input type="text"/> |

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins or other markings on the paper.

[illegible]

The date of each amendment(s) adoption: \_\_\_\_\_, if other date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**Adoption of Amendment(s) (CHECK ONE)**

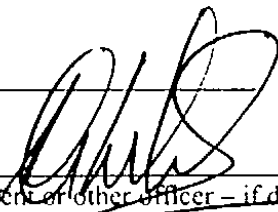
- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_,"  
(voting group)

Dated APRIL 03, 2024

Signature

  
(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)

AARIF DAHOD

(Typed or printed name of person signing)

CEO/PRESIDENT

(Title of person signing)