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## **COVER LETTER**

TO: Amendment Secti Division of Corpo			-	
NAME OF CORPOR	020000	tive Healtha	are of Florida Ire	
DOCUMENT NUMB	ER: PLULLUL	158.709 _		
The enclosed Articles of	of Amendment and fee are sul	bmitted for filing.		
Please return all corres	pondence concerning this may	tter to the following:		
-	Lula 1	razier		
	Invivali	Name of Contact Persor  VI HEAH CO  Firm/ Company	re of Flexida Irc.	
	3903 Rege	Address	X Wel	
	Tampon	F 10 (101a, 33) City/ State and Zip Code	1047	
	E-mail address: (to be us	+ CO + CO A	notification)	
For further information	eoncerning this matter, pleas	se call:		
Lula F	lazier	ar ( <u>353)</u>	272-14/31	
Name c	f Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)	
Mail	ling Address		Address	
Ame	ndment Section		Iment Section	
Division of Corporations		Division of Corporations		
P.O. Box 6327 The Centre of Tallahassee				
lalla	hassee, FL 32314	2410 1	N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## Articles of Amendment

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## Articles of Incorporation

Articles of the	in puration
of of	
Incrative Healthcare o.	++ Wida, Loc.
(Name of Corporation as current)	ly filed with the Florida Dept. of State)
7200CC05870 <b>9</b>	
(Document Number o	f 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:	
	The new
name must be distinguishable and contain the word "corporation," "o "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 MUST BE A STREET ADDRESS)	5963 Regents Park Drive Tampa Fiorida 33/047
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 add new registered agent and/or the new registered office address  Name of New Registered Agent	
- Maria Mari	
(Florida str	reet address)
New Registered Office Address:	, Florida (City) (Zip Code)
	(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) (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)

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

attach additional sheets, if ne	t <mark>ional Articles, enter e</mark> l rcessary). – (Be specific	nangets) nere.		
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an amendment provides f provisions for implementing	or an exchange, recias	ot contained in the	- amendment itself:	<u>es.</u>
(if not applicable, indica	ие N/A)			
			_ <u></u> .	
<del>.</del> -				

The date of each amendment(s) adoption date this document was signed.	: September 23,2000	_, if other than the
Effective date <u>if applicable</u> :	September 23, 2020 (no more than 90 days after amendment file date)	
Note: If the date inserted in this block do document's effective date on the Departme	bes not meet the applicable statutory filing requirements, this date will not of State's records.	not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted by action was not required.	the incorporators, or board of directors without shareholder action and	shareholder
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes east for the amendment(s) for approval.	
	by the shareholders through voting groups. The following statement of the group entitled to vote separately on the amendment(s):	
"The number of votes cast for the	amendment(s) was/were sufficient for approval	
by Jula.	Graziei	
	(voung gunq)	
Dated 9/2,3	[2020	
Signature	Rula Frazion	
selected, by an	president or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court clary by that fiduciary)	
	(Typed or printed name of person signing)	
	President	<u>.</u>
	(Title of person signing)	