

P20 000068380

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

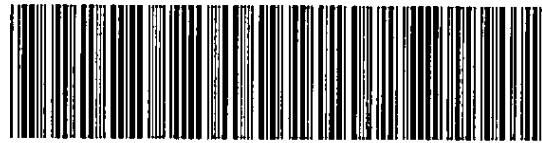
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/24/21--01016--019 **43.75

2021 OCT 14 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FL

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

REC

2021 OCT 1 11:03:14

October 4, 2021

ROSNY SIMEON
11903 SOUTHERN BLVD STE 108
ROYAL PALM BEACH, FL 33411

SUBJECT: ROYAL PALM BEACH MEDICAL GROUP INC.
Ref. Number: P20000068380

We have received your document for ROYAL PALM BEACH MEDICAL GROUP INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **PROFIT** corporation it must be signed 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.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Catherine M Brumbley
Regulatory Specialist II

Letter Number: 021A00023989

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Royal Palm Beach Medical Group INC

DOCUMENT NUMBER: P20000068380

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

Please return all correspondence concerning this matter to the following:

Rosny Simeon

Name of Contact Person

Royal Palm Beach Medical Group INC

Firm/ Company

11903 Southern Blvd Ste 108

Address

Royal Palm Beach, FL 33411

City/ State and Zip Code

simrosny@gmail.com

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

For further information concerning this matter, please call:

Rosny Simeon

at (786)

4264226

Name of Contact 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

☒ \$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

Royal Palm Beach Medical Group INC

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

P20000068380

(Document Number of Corporation (if known))

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

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

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)

11903 Southern Blvd Ste 108

Royal Palm Beach, FL 33411

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11903 Southern Blvd Ste 108

Royal Palm Beach, FL 33411

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 Rosny Simeon

11903 Southern Blvd Ste. 108

(Florida street address)

New Registered Office Address: Royal Palm Beach, Florida 33411
(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

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TALLAHASSEE, FL

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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:

X Change PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>P</u>	<u>Adam Berry</u>	<u>3330 Fairchild Gardens #31944</u>
<input type="checkbox"/> Add			<u>Palm Beach Gardens, FL 33420</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>VP</u>	<u>Jerisa Berry</u>	<u>330 Fairchild Gardens #31944</u>
<input type="checkbox"/> Add			<u>Palm Beach Gardens, FL 33420</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>P</u>	<u>Rosny Simeon</u>	<u>14530 NW 12th AVE</u>
<input checked="" type="checkbox"/> Add			<u>Miami, FL 33168</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>VP</u>	<u>Jean Robert Celicourt</u>	<u>1409 SW 82ND AVE</u>
<input checked="" type="checkbox"/> Add			<u>North Lauderdale, FL 33068</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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

(Attach additional sheets, if necessary). (Be specific)

n/a

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

The shares of Adam Berry and Jerisa Berry were cancelled and transferred to Rosny Simeon and Jean Robert Celicourt
in equal 50%/50% terms.

August 10, 2021

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

August 10, 2021

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

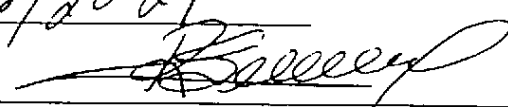
by _____."

(voting group)

Dated

10/6/2021

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)

Rosny Simeon

(Typed or printed name of person signing)

President

(Title of person signing)