

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000037115 3)))



H210000371153ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

_	_	
П	$\sim$	٠

Division of Corporations

3052201440

Fax Number : (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	_			

## COR AMND/RESTATE/CORRECT OR O/D RESIGN ESTRELLA HEALTH MEDICAL CENTER INC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

01/28/2021 15:01 3052201440

The state of the s
Articles of Amendment 2021 JAH 27 AH 11: 27  Articles of Incorporation 2021
Articles of Incorporation Ser. Affil: 27
Estrella Health Medical contar in est
Florida Document Number: P20000077101
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:
Change all addresses:
10250 Sw 56 SI Swte D-201
10250 Sw 56 5T Swite D-201 May: A 33165
These articles of amendment were adopted on $1 - 200 - 21$
The composition has only one group of voting stock. This amendment was approved by the stiantholders and the number of
votes cast for amendment was sufficient for approval.
X B
Marine Velazco Viamonte (P) Printed Name and Title
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