

P2000057270

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H20000350990 3)))



H200003509903ABC

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To: Division of Corporations  
Fax Number : (850) 617-6300

From: Account Name : TRIGO AND COMPANY  
Account Number : T20130000070  
Phone : (305) 443-4280  
Fax Number : (305) 446-6175

R White  
10/11/20

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

Email Address: ATRIGO@TRIGOTAX.COM

COR AMND/RESTATE/CORRECT OR O/D RESIGN  
VIP SPORTS BARBER SHOP INC.

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

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H200003509903

## ARTICLES OF CORRECTION

For

VIP SPORTS BARBER SHOP INC

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

P20000077270

Document Number (if known)

Pursuant to the provisions of Section 607.0124, Florida Statutes.

These articles of correction correct ARTICLES OF INCORPORATION

(Document Type Being Corrected)

filed with the Department of State on SEPTEMBER 25, 2020

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

PRINCIPAL PLACE OF BUSINESS ADDRESS:

234 NE 163RD STREET

NORTH MIAMI BEACH, FL. US 33162

MAILING ADDRESS OF THE CORPORATION:

234 NE 163RD STREET

NORTH MIAMI BEACH, FL. US 33162

Correct the inaccuracy, incorrect statement, or defect:

PRINCIPAL PLACE OF BUSINESS ADDRESS:


1234 NE 163RD STREET

NORTH MIAMI BEACH, FL. US 33162

MAILING ADDRESS OF THE CORPORATION:

1234 NE 163RD STREET

NORTH MIAMI BEACH, FL. US 33162

  
(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

CARLOS MEDINA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00

H200003509903

Division of Corporations

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((H20000351038 3)))



H200003510383ABCW

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To:

Division of Corporations  
Fax Number (850) 617-6380

From:

Account Name C T CORPORATION SYSTEM  
Account Number FCA000000023  
Phone (514) 280-3338  
Fax Number (954) 208-0845

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

Email Address:

REGISTERED AGENT CHANGE  
FLORIDA TELEHEALTH MEDICAL GROUP, P.A.

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
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Help

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

2. The principal office address: 345 North Canal Street, Suite 201, Chicago, IL 60606

3. The mailing address (if different) is \_\_\_\_\_

4. Date of incorporation/qualification: 12/7/2019 Document number: P19000094798

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Corporation Service Company

120111aysStreet

Tallahassee, FL 32301-2525

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

CT Corporation System

1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

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Signature of an officer or director

AlexJovanovich,M.D.,President

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

C Corporation System

Bv:

Sept 11

Signature of Registered Agent \_\_\_\_\_

10/07/2020

Date \_\_\_\_\_

If signing on behalf of an entity:

Scott White, Assistant Secretary

Typed or Printed Name

**\*\*\* FILING FEE: \$35.00 \*\*\***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045(04/13)