Division of Corporations

Florida Department of State Division of Comorations Electronic Filing Cover Sheet. Electronic Filing Cover Sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000410345 3)))



H200004193453ABCT

To:							20/10 UEC
10.	Division of C	orporations				•	(
	Fax Number	•					-
From:							•
		: EXPRESS CORPORA	TE FILING	SERVICE I	YC.	,	
	Account Number	r : I20000000146				4.0	
	Рһоле	: (305)444-4994 : (305)444-4977				.71	
**Enter	the email addre	ss for this busines	s entity	to be used	for fut	ure	
Enter ans	the email addre qual report mail	ss for this busines lings. Enter only o	s entity ne email	to be used address pla	for fut Pase.	ure	
anr	nual report mail	ss for this busines lings. Enter only o	ne email	to be used address pla	for fut	ure	
ans Ema	nual report mail	lings. Enter only o	ne email	address pla	2ase. * *	ure	_
ans Ema	nual report mail ail Address: COR AMND/R	lings. Enter only o	ne email	O/D RES	2ase. * *	ure	_
ans Ema	nual report mail ail Address: COR AMND/R	lings. Enter only o RESTATE/CORR	ne email	O/D RES	2ase. * *	ure	
ans Ema	COR AMND/N	Lings. Enter only o RESTATE/CORR NIA MEDICAL O	ne email	O/D RES	2ase. * *	ure	

Electronic Filing Menu

Estimated Charge

Corporate Filing Menu

Help

\$35.00



Page: 3 of 6

Articles of Amendment to Articles of Incorporation of

OCEANIA MEDICAL GROUP CORP			
(Name o	of Corporation as curren	tly fited with the Florida Dep	t. of State)
P20000087666			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation a	lopts the following amendment(s)
A. If amending name, enter the new n	ame of the corporation:		
			The new
name must be distinguishable and contain "Inc" or Co.," or the designation "Catartered," "professional association,"	Corp," "Inc," or "Ca".	A professional corporation n	or the abbreviation "Corp.," name must contain the word
B. Enter new principal office address,		7850 NW 146 ST)20 DE
(Principal office address MUST BE AS	TREET ADDRESS)	STE 508B	1
		MIAMI LAKES, FL 3301	6 P
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7850 NW 146 ST	
1		STE 508B	,,,
		MIAMI LAKES, FL 3301	6
D. If amending the registered agent an new registered agent and/or the ne	nd/or registered office ad w registered office addre	dress in Florida, enter the na	me of the
Name of New Registered Agent	CHANGE OF ADDRES		
	7850 NW 146 ST STE 56	08B	
	lFlorida s	street address)	
New Registered Office Address:	MIAMITAKES		, Florida
New Magnitude Systems		(City)	(Zip Code)
New Registered Agent's Signature, if c Thereby accept the appointment as regis.	hanging Registered Age tered agent. I am familia	nt: r with and accept the obligation	is of the position.
	S v	•	•
	Signature of New	Registered Agent, if changing	
Check if applicable The amendment(s) is/are being filed p	oursuant 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:

 $P \Rightarrow President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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 Doc		
X Remove	<u>v</u>	Mike Jones		
X Add	\underline{sv}	Sally Smith		20
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	2020 DEC
1) XX Change	PT	BRIAN BUZZI	7850 NW 146 ST	رے
Add			STE 508B	-
Remove			MIAMI LAKES, FL 33016	
2) Change				<u></u>
Add				,
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add			- 111/412	
Remove				
6)Change				
Add			e	
Remove				

f amending or adding additional Articles, enter change(s) here: Attach additional sheets, if nevessary). (Be specific)	
ASE ADD EIN NUMBER: 85-3921475.	
	Tex en 40 40 0 1
	2
	020
	2020 DEC
	, , , ,
·	٠.
f an amendment provides for an exchange, reclassification, or cancellation of issu	ied shares
provisions for implementing the amendment if not contained in the amendment	itself:
(if not applicable, indicate N/A)	

'c: 18506176380

The date of each amendment		if other than the
date this document was signed.	OCTOBER 24, 2020	
Effective date if applicable:	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this date will be Department of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/wer action was not required.	e adopted by the incorporators, or bourd of directors without shareholder action and	shareholder
☐ The amendment(s) was/wern by the shareholders was/we	e adopted by the shareholders. The number of vetes cast for the amendment(s) re sufficient for approval.	
	approved by the shareholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s):	20
	cast for the amendment(s) was/were sufficient for approval	** . 2020 DEC
by	(voting group)	1
NOVE Dated	MBER 30, 2020	PH -
Signature	a director, president or other officer - if directors or officers have not been	三 [2]
sel app	ected, by an incorporator – if in the hands of a receiver, trustee, or other court cointed fiduciary by that fiduciary)	
	BRIAN BUZZI	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	