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.

(((H21000127730 3)))



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

Т	^	٠
1	v	•

₹5

Division of Corporations

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	busin	ess	entity	to	be (used	for	future
an	nual	report	t mailin	gs.	Enter	only	one	email	add	ress	ple	ase.	**5

Email Address:	·
----------------	---

COR AMND/RESTATE/CORRECT OR O/D RESIGN ALL STAR HEALTH CARE CORP.

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

MAR 3 1 2021

Articles of Amendment

to

Articles of Incorporation

All Star HEALTH CARE CORP.			
Florida Document Number: P21000024406			-
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corfollowing amendment(s) to its Articles of Incorporation:	poration	adopi	ts the
Change All Address			
1789/ 5 DIXIE HWY Sts 700A MEDUL, FL 33157			
MEDILE, FL 33157			
	<u> </u>		
		7:53	·
	:0.7		; 11
These articles of amendment were adopted on 3130121		PH 2: 54	
The corporation has only one group of voting stock. This amendment was approved by the sharely votes cast for amendment was sufficient for approval.	iolders an	d the n	umber of
Jon !			
Avely & Soughes Pepes CP)		

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.