P21000028948

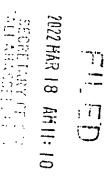
Requestor's Name)
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City/State/Zip/Phone #)
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Business Entity Name)
Document Number)
Certificates of Status
to Filing Officer:
3 0 2022

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03/18/22--01020--002 **35.00



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ation: <u><i>PROGRESS</i></u>	IVE HEALTH ENT	TTY, INC
DOCUMENT NUMBI	ER: <u>P210</u>	00028948	
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
		TAD C HI	1
_		Name of Contact Person	1
		Firm/ Company	
	6351	7TH AVE, N	<u>. </u>
_		ERSBURG, FL City/ State and Zip Code	
	,		
_		886 Yahoo. (sed for future annual report	
For further information	concerning this matter, plea	·	,
DAR S	S. HU	at (727	
Name of	*Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Divisi P.O. I	ng Address Idment Section Ion of Corporations Box 6327 nassee, FL 32314	Amend Division The Co	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

	GI			
PROGRESSI	IVE HEALTH	ENTITY,	INC	
(Name of Corpor	ration as currently	filed with the Flor	ida Dept. of State)	. 0
P2	10000289	48		
(Do	cument Number of	Corporation (if kno	wn)	
ursuant to the provisions of section 607.1006, Flo s Articles of Incorporation:	orida Statutes, this F	lorida Profit Co r po	ration adopts the follow	wing amendment(s
. If amending name, enter the new name of the	e corporation:			
				The new
ame must be distinguishable and contain the word Inc.," or Co.," or the designation "Corp," "li chartered," "professional association," or the ab	nc," or "Co". A	mpany," or "incorp professional corpo	orated" or the abbrevioration name must con	ation "Corp.," tain the word
. Enter new principal office address, if applica Principal office address <u>MUST BE A STREET A</u>				
		 		
				
Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE	BOX)			
				
. If amending the registered agent and/or registered agent and/or the new register	stered office addre ed office address:	s in Florida, enter	the name of the	
Name of New Registered Agent				
				
	(Florida stree	address)		
New Registered Office Address:			. Florida	
	(C	ity)		ip Code)
Burton I.A. of the second				
ew Registered Agent's Signature, if changing Faceby accept the appointment as registered agent	Kegistered Agent: it. I am familiar wit	h and accept the of	bligations of the position	n.
	,		G = = y mo position	==
				
Siz	gnature of New Reg	istered Agent, if chi	anging	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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 = 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)	<u>Title</u> <u>Name</u>	Address
l) Change_	P/D DAR S. HI	6351 7TH AVE, N.
Add		ST. PETERSBURG, FL33710
X Remove		
2) Change	P/D XIAOXIANG X	CIE 172 CYPRESS WAY EAST
_ X _ Add		UNIT C
Remove 3) Change		NAPLES, FL 34110
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

(Attach add	ditional sheets, if ne	tional Articles, ente ecessary). (Be spe-	cific)	•		
						
						
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				<u> </u>		
				V		
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If an ame	ndment provides f	or an exchange, rec	·lessification or	cancellation of is	sued chares	
provision	is for implementin ot applicable, indica	g the amendment i	f not contained j	n the amendmen	t itself:	
				· · · · · ·		
				<u>. </u>		
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			<u></u>			
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The date of each amendment(s) ado	otion: 03/16/2022	, if other than the
date this document was signed.		
Effective date if applicable:	03 /16/2022 (no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloodocument's effective date on the Department	ik does not meet the applicable statutory filing requirements, therefore the state of State's records.	nis date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt action was not required.	ed by the incorporators, or board of directors without shareholde	r action and shareholder
☐ The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes east for the amendacient for approval.	nent(s)
	ved by the shareholders through voting groups. The following st ch voting group entitled to vote separately on the amendment(s).	
"The number of votes cast fo	the amendment(s) was/were sufficient for approval	
by	(voting group)	
,	(voting group)	
Dated	15/202Z	
	\	
Signature	Van S Hu	
` •	ctor, president or other officer – if directors or officers have not by an incorporator – if in the hands of a receiver, trustee, or other	
	fiduciary by that fiduciary)	COLL
• ,		
	DAR S. HU	
	(Typed or printed name of person signing)	- · · ·
	PRESI DENT	
_	(Title of person signing)	