P21000051459

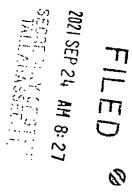
(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	
<u></u>		

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: TRINITY PRIMA	RY & URGENT CARE CO	ORP	
	1BER: P21000051459			
	s of Amendment and fee are si	ubmitted for filing.		
Please return all corr	espondence concerning this ma	ntter to the following:		
	JOSEPH A. BAGUIDY			
		Name of Contact Perso	n	
	TRINITY PRIMARY & URGENT CARE CORP			
		Firm/ Company		
	5411 N STATE ROAD 7	. ,		
		Address		
	TAMARAC, FL 33319			
		City/ State and Zip Cod	e	
	trinityprimaryheare@gmail.e	ะงทา		
	• • •	sed for future annual report	notification)	
For further informati	on concerning this matter, plea		, 464-1542	
Name of Contact Person		at { Area Co-	_) 464-1542 de & Daytime Telephone Number	
Enclosed is a check f	or the following amount made			
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

TRINITY PRIMARY & URGENT CARE CORP

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

(Name of Corporation as curren	tly filed with the Florida Dept. of State)	
P21000051459		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new name of the corporation:		
	The new	
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word	
B. Enter new principal office address, if applicable:	5411 N STATE ROAD 7	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	TAMARAC, FL 33319	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3351 N ANDREWS AVE SUITE B	
· · · · · · · · · · · · · · · · · · ·	OAKLAND PARK, FL 33309	
	-	
D. If amending the registered agent and/or registered office add		
new registered agent and/or the new registered office addres	<u>s:</u>	
Name of New Registered Agent		
	SE SE	
(Florida st	reet address)	
New Registered Office Address:	Florida	
	(City) (Zip Chile)	
	7	
New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am familiar	ti	
Thereby discipline appointment as registered agent. Tam jaminar	with that accept the obagations of the position.	
Signature of New I	Registered Agent, if changing	
Check if applicable		

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)

____ Add

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 Doc X Remove V Mike Jones <u>X</u> Add <u>SV</u> Sally Smith Type of Action Title Address Name (Check One) 1) ____ Change Add __ Remove 2) ____ Change ____ Add ____ Remove 3) ____ Change ____ Add ____ Remove 4) ____ Change ____ Add __ Remove 5) ____ Change __ Add _ Remove 6) ____ Change

	onal sheets, if necessary				
ENTITY JUST NEED AN ADDRESS CHANGE FROM 5411 N STATE ROAD 7 TAMARAC, 33319					
TO 3351 N ANDREWS AVE SUITE B. OAKLAND PARK, FL 33309					
			<u> </u>		-
		 			
				<u>.</u>	
				 	
	 -				
	_ 				
				-	
. If an amend	nent provides for an ex	change, reclassif	ication, or cancella	tion of issued shares.	
provisions f	or implementing the ar	nendment if not o	ontained in the an	rendment itself:	•
(if not a	pplicable, indicate N/A)				
					
			±1	-	
	· 				

The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file do	ate)
Note: If the date inserted in this ladocument's effective date on the D	block does not meet the applicable statutory filing requirent epartment of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without share	reholder action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the ufficient for approval.	amendment(s)
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The follor each voting group entitled to vote separately on the amenda	wing statement nent(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
_	(voting group)	
Signature (By a d selecte	irector-president or other officer - if directors or officers had by an incorporator - if in the hands of a receiver, trustee, or	ve not been
appoin	ted fiduciary by that fiduciary)	
	JOSEPH A. BAGUIDY	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	