P21000073476

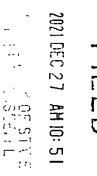
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900378311059

12/27/21--01812--017 **52.50



C. BRUMBLEY
JAN 1 3 2022

COVER LETTER *

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Advance	, Sam Co	re, Inc.
DOCUMENT NUMBI	er: <u>P21000</u>	73476	
The enclosed Articles o	f Amendment and fee are sub	omitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
-	Michael	Rose Name of Contact Person	
-	Advance	Som Care Firm/Company	, Inc.
-			Suite 200
-	West Palm	Beach, Fl. City/ State and Zip Code	33411
For further information	E-mail address: (to be us		mail· Comunotification)
	Pelisser	at (186) Z34 9955 de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	_\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address Indiment Section Ission of Corporations Box 6327 Ishassee, FL 32314	Amend Divisio 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

(Name of Corporation as currently filed with the Florida Dept. of State) P2100073476 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MYBE A POST OFFICE BOX) C. Enter new mailing address, if applicable: (Mailing address MYBE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
(Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) C. Enter new mailing address, if applicable: 2101 Vista Parkway Suik Zoo West Pain Beach Ti 33411 D. If amending the registered agent and/or registered office address in Florida, enter the name of the
(Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) C. Enter new mailing address, if applicable: 2101 Vista Parkway Suik Zoo West Pain Beach Ti 33411 D. If amending the registered agent and/or registered office address in Florida, enter the name of the
its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or To". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) C. Letter new mailing address of applicable: (Mailing address MAY BE A POST OFFICE BOX) C. Letter new mailing address of applicable: (Mailing address MAY BE A POST OFFICE BOX) C. Letter new mailing address of applicable: (Mailing address of applicable: Too West Palm Beach Ti 33411) D. If amending the registered agent and/or registered office address in Florida, enter the name of the
The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) C. Enter new mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the
"Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the
(Principal office address MUST BE A STREET ADDRESS) Suite 700 West Palm Beach Fl 33411 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 2101 Visto Parkway Suite 700 West Palm Beach Fl 33411 D. If amending the registered agent and/or registered office address in Florida, enter the name of the
(Principal office address MUST BE A STREET ADDRESS) Suite 760 West Palm Beach Fl 33411 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Suite 760 West Palm Beach Fl 33411 D. If amending the registered agent and/or registered office address in Florida, enter the name of the
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 2101 VISTO PORKWAY Suite 200 West Pain Black FL 33411 D. If amending the registered agent and/or registered office address in Florida, enter the name of the
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Suite 700 West Pain Black FL 33411 D. If amending the registered agent and/or registered office address in Florida, enter the name of the
(Mailing address MAY BE A POST OFFICE BOX) 2101 VISTO POINGUL Suite 200 West Pain Block FL 33411 D. If amending the registered agent and/or registered office address in Florida, enter the name of the
D. If amending the registered agent and/or registered office address in Florida, enter the name of the
D. If amending the registered agent and/or registered office address in Florida, enter the name of the
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent
(Florida street address)
New Registered Office Address:, Florida,
(City) (Zip Code)
New Posistered Agent's Signature if shanning Posistered Agent:
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position
Signature of New Registered Agent, if changing

Check if applicable

The amendment(s) is/are being filed pursuant 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)

Example:

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.

X Change	PT John Do	<u>e</u>	
X Remove	<u>V</u> <u>Mike Jo</u>	nes	
X Add	SV Sally Sm	n <u>ith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	VP D	Jonathan Rose	178 Montcrey way RPB 2101 Vista Parkway, suite 200 West Palm Buts Fr 33411
Remove 2) Change Add	D P	Tibab Delisser	1733 Carson Aur LWP FL 3346 2101 Vista Parknay Suik 200 West Palm But FL 33411
Remove 3) Change Add			
Remove 4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
Remove			

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)			
			
			
	<u> </u>		
If an amendment provides for an exc	change, reclassification, or cancellation of issued shares,		
provisions for implementing the am	endment if not contained in the amendment itself:		
(if not applicable, indicate N/A)			
 			
	<u> </u>		

The day of such amondment(s) a	edoption:, if other than t
date this document was signed.	Adoption.
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this I document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will not be listed as to epartment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ad action was not required.	dopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
must be separately provided fo	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	st for the amendment(s) was/were sufficient for approval
by	(voting group)
	įvoling group)
0 1	12/17/2021
Dated	
Signature	Of the second bear
Signature	director, president or other officer – if directors or officers have not been ted by an incorporator – if in the hands of a receiver, trustee, or other court
Signature(By a select	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
Signature(By a select	ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
Signature(By a select	ted, by an incorporator - if in the hands of a receiver, trustee, or other court
Signature(By a select	ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)