P21000051664

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer;	

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2022 FEB 22 AM 8: 45

of 3/28/2122

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: Ascension Healing	Center, Inc.		
	MBER: P21000081664			
The enclosed Artic	les of Amendment and fee are sub	omitted for filing.		
Please return all co	rrespondence concerning this mat	ter to the following:		
	Lotoya Charles			
		Name of Contact Persor		
	Ascension Healing Center, Inc.			
		Firm/ Company		
	2665 Howland Boulevard			
		Address		
	Deltona, Fl. 32738			
		City/ State and Zip Code		
	Lotoya@ascensionhealingctr.	com		
		ed for future annual report	notification)	
	is-man address. (to be us	ed for future annual report	notineationy	
For further informa	tion concerning this matter, pleas	e call:		
Lotoya Charles		at (<u>386</u>	204-2426	
Name of Contact Person		Area Code & Daytime Telephone Number		
Enclosed is a check	for the following amount made p	payable to the Florida Depa	artment of State:	
S35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	S43.75 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

FILED

Ascension Healing Center, Inc.	2022 FEB 22 AM 8: 45
(Name of Corporation a	is currently filed with the Florida Dept. of State)
P21000081664	SECRETARY OF STATE TALLAHASSEE, ET
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statis Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpo	oration:
N/A	The new
	oration," "company," or "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name must contain the word ion "P.A."
·	N/A
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	<u></u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	**************************************
	
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	
Name of New Registered Agent N/A	
	(Florida street address)
New Registered Office Address:	, Florida
New Registered Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an	
Thereing accept the appointment as registered agent. Tun	n jamiliar with and accept the thingalians of the position.
Signatur	e of New Registered Agent, if changing
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	$\underline{\mathbf{v}}$	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	P	Lotoya Charles	2665 Howland Boulevard
Add			Deltona, FL 32738
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			•
Remove			
5) Change	···		
Add			
Remove			
6) Change			
Add			
Remove			

(Attach addition	or adding additional Ar anal sheets, if necessary)	. (Be specific)	 *		
N/A					
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r. <u>II an amendn</u> provisions fo	ent provides for an exe or implementing the an	<u>:nange, reclassifica</u> iendment if not cor	ttion, or cancella stained in the an	ition of issued sna nendment itself:	<u>ires,</u>
(if not ap	plicable, indicate N/A)				
N/A					

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S	eptember 16, 2021	
The date of each amendment(s) adoption: date this document was signed.		, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does a document's effective date on the Department of	not meet the applicable statutory filing requirements, this date of State's records.	will not be listed as the
Adoption of Amendment(s) (CI	HECK ONE)	
The amendment(s) was/were adopted by the action was not required.	e incorporators, or board of directors without shareholder action	ı and shareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The number of votes east for the amendment(s) approval.	
	he shareholders through voting groups. The following statemeng group entitled to vote separately on the amendment(s):	it.
"The number of votes cast for the ame	endment(s) was/were sufficient for approval	
by	."	
(vo	oting group)	
Dated 02 18 Signature	2022 20400	
selected, by an inc	sident or other officer – if directors or officers have not been corporator – if in the hands of a receiver, trustee, or other courtry by that fiduciary)	
Lotoya Ch	arles	
	(Typed or printed name of person signing)	
CEO, Pres	ident	
	(Title of person signing)	