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.

(((H22000185653 3)))



H220001856533ABC%

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

To:

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 business entity to be used for future, annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_\_

MECEIVED MAZHAY 25 PH 5: 04 FACEAHASSEE FIRE

## COR AMND/RESTATE/CORRECT OR O/D RESIGN HOSANNA MEDICAL CARE CORP.

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

Electronic Filing Menu

Corporate Filing Menu

Help A RAMSEY
MAY 2 6 2022

FILED

Articles of Amendment 2022 HAY 25 AM 11: 55
A which as a C Turner was a second
of THE THANKSEE, FIRE
Hosanna Medical Care Corp.
Florida Document Number: P2200008407
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) of incorporation:
Change (A11 Address to
8368 SW 8th St
Miani FL 33144
; . 1
These articles of amendment were adopted on 5/24/27
The corporation has only one group of voting stock. This amendment was approved by the shareholders and the number of votes cast for amendment was sufficient for approval.
Meline
Signature  Signature  Signature  Printed Name and Title
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.

Signature of New Registered Agent, if changing