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## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

NAME OF CO	RPORATION: HYPERBARIC C	RYOTHERAPY RESOUR	CES USA, INC.			
DOCUMENT	NUMBER: P22000092708			_		
The enclosed Ai	ticles of Amendment and fee are su	ibmitted for filing.				
Please return all	correspondence concerning this ma	atter to the following:				
	GEORGE LAPIERRE					
Name of Contact Person						
	HYPERBARIC CRYOTHE	RAPY RESOURCES USA	, INC.			
	· · · · · · · · · · · · · · · · · · ·	Firm/ Company				
2315 W. OLD US HWY 441						
Address						
MOUNT DORA, FL 32757						
City/ State and Zip Code						
	georgelapierreflorida@yaho	o.com				
	E-mail address: (to be us	sed for future annual report	notification)	ري 	20	
For further infor	mation concerning this matter, plea	se call:			2023 FEB 2	Stanta
George LaPierr	:	at ( 352	729-2218	177	<b>~</b> .1	3
١	ame of Contact Person	Area Co	de & Daytime Telephone !	Vumber 1	- 27 	,
Enclosed is a ch	eck for the following amount made	payable to the Florida Dep	artment of State:	r- 100	か 第 第	-24
S35 Filing F	ce	\$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

HYPERBARIC CRYOTHERAPY RESOURCES USA, INC.

## (Name of Corporation as currently filed with the Florida Dept. of State) P22000092708 (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: 'company," or "incorporated" or the abbreviation "Corp., " name must be distinguishable and contain the word "corporation," "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 <u>MUST BE A STREET ADDRESS</u>) 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 new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) 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

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	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) X Change	CEOD	_	JOHN DIMMOCK	
Add				
Remove				
2) X Change	PD	_	GEORGE LAPIERRE	
Add				***************************************
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
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6) Change		-		
Add				<del></del> -
Remove				

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· · · · · · · · · · · · · · · · · · ·	ge, reclassification, or cancellatinent if not contained in the ame	ge, reclassification, or cancellation of issued shares, ment, if not contained in the amendment itself:

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file	date)
Note: If the date inserted in this b document's effective date on the Do	lock does not meet the applicable statutory filing require partment of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without si	hareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes east for the fficient for approval.	he amendment(s)
	proved by the shareholders through voting groups. The foreach voting group entitled to vote separately on the amen	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated 2/20/2023		
Signature	Teorge Langue rector, president or other officer – if directors or officers	
(Byzdi	rector, president or other officer – if directors or officers	have not been
	<ul> <li>d, by an incorporator – if in the hands of a receiver, trusted ed fiduciary by that fiduciary)</li> </ul>	e, or other court
	GEORGE LAPIERRE	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	