

# P23000005157

Florida Department of State  
Division of Corporations  
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Division of Corporations  
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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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

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**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
KI HEALTH, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

2023 NOV 30 PM 4:37

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Articles of Amendment  
to  
Articles of Incorporation  
of

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KIHEALTH, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)  
P23000005157  
TALLAHASSEE, FLORIDA

(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:**

KIHEALTH, INC.

*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)**

559 W Twincourt Trail, Unit 604A

St. Augustine, FL 32095

**C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)**

559 W Twincourt Trail, Unit 604A

St. Augustine, FL 32095

**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 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.

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**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                      V      Mike Jones

X Add                              SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <u>    </u> Change	<u>PVST</u>	<u>MITCHEL MAY</u>	<u>Remove</u>
<u>    </u> Add			
<u>X</u> Remove			
2) <u>    </u> Change	<u>D</u>	<u>MITCHEL MAY</u>	<u>Remove</u>
<u>    </u> Add			
<u>X</u> Remove			
3) <u>    </u> Change	<u>CD</u>	<u>SCOTT BLUM</u>	<u>559 W Twincourt Trail, Unit 604A</u>
<u>X</u> Add			<u>St. Augustine, FL 32095</u>
<u>    </u> Remove			
4) <u>    </u> Change	<u>PCEOD</u>	<u>JENNA ANDERSON</u>	<u>559 W Twincourt Trail, Unit 604A</u>
<u>X</u> Add			<u>St. Augustine, FL 32095</u>
<u>    </u> Remove			
5) <u>    </u> Change	<u>PCEOSD</u>	<u>ROBERT MONS</u>	<u>559 W Twincourt Trail, Unit 604A</u>
<u>X</u> Add			<u>St. Augustine, FL 32095</u>
<u>    </u> Remove			
6) <u>    </u> Change	<u>TD</u>	<u>PARKER KELLEY</u>	<u>559 W Twincourt Trail, Unit 604A</u>
<u>X</u> Add			<u>St. Augustine, FL 32095</u>
<u>    </u> Remove			

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The date of each amendment(s) adoption: \_\_\_\_\_, 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 block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**Adoption of Amendment(s) (CHECK ONE)**

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval  
by \_\_\_\_\_"  
(voting group)

Dated November 22, 2023

Signature Robert Mons  
ROBERT MONS (Nov. 22, 2023 12:07:15 PM)

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Robert Mons

(Typed or printed name of person signing)

President

(Title of person signing)

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TALLAHASSEE, FLORIDA