P230000 34365

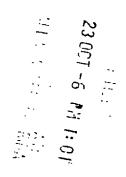
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
OCT 20 2023

Office Use Only



600416753766

10/06/23--01012--011 **35.00





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached is a form for filing Articles of Amendment to amend the articles of incorporation of a Florida Profit Corporation pursuant to section 607.1006, Florida Statutes. This is a basic amendment form and may not satisfy all statutory requirements for amending.

A corporation can amend or add as many articles as necessary in one amendment.

- > The original incorporators cannot be amended.
- If amending the name of the corporation, the new name must be distinguishable on the records of the Florida Department of State. A preliminary search for name availability can be made through the Division's website at www.sunbiz.org. You are responsible for any name infringement that may result from your corporate name selection.
- If amending the registered agent, the new agent must sign accepting the appointment and state that he/she is familiar with the obligations of the position.
- ➤ If amending/adding officers/directors, list titles and addresses for each officer/director.
- If amending from a general corporation to a professional corporation, the purpose (specific nature of business) must be amended or added if not contained in the articles of incorporation.

If a section is not being amended, enter N/A or Not Applicable. The document must be typed or printed and must be legible.

Pursuant to section 607.0123, Florida Statutes, a delayed effective date may be specified but may not be later than the 90th day after the date on which the document is filed.

Filing Fee \$35.00 (Includes a letter of acknowledgment)

Certified Copy (optional) \$8.75

Certificate of Status (optional) \$8.75

Send one check in the total amount made payable to the Florida Department of State.

Please include a letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

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

Taliahassee, FL 32303

For further information you may call the Amendment Section at (850) 245-6050

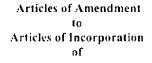
CR2E011 (1/20)

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: BIO HEALTHCAF	RE NETWORKS				
DOCUMENT NUN	P230000034365					
The enclosed Article	s of Amendment and fee are su	bmitted for filing.				
Please return all corr	espondence concerning this ma	tter to the following:				
	Kalpesh Vyas					
		Name of Contact Person	1			
	BIO HEALTHCARE NETW	ORKS INC				
		Firm/ Company				
	320 W Sabal Palm Pl, Longwood, FL 32779					
		Address				
	Longwood, FL 32779					
		City/ State and Zip Code	e			
	kv@biohealthcarenetworks.com					
	-	sed for future annual report	notification)			
For further informati Kalpesh Vyas	on concerning this matter, plea	se call: 917	675 4829			
Name	of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check t	for the following amount made	payable to the Florida Depa	artment of State:			
⊠i \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
An	ailing Address nendment Section	Amend	Address ment Section			
	vision of Corporations D. Box 6327		n of Corporations			
	llahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303





BIO HEALTHCARE NETWORKS INC

(Name of Corporation as current	tly filed with the Florida Dept. of State)
P230000034365	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
	Tt
name must be distinguishable and contain the word "corporation," ' "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	6735 Conroy Road, Suite 231
(Principal office address MUST BE A STREET ADDRESS)	Orlando
	Florida, 32835.
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6735 Conroy Road, Suite 231
(Matting Martins Martins, Mart	Orlando .
(Maning data) MAT By A LOST OF FICE BOX	Orlando . Florida, 32835.
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	Florida, 32835.
D. If amending the registered agent and/or registered office add	Florida, 32835.
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	Florida, 32835.
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres Name of New Registered Agent	Florida, 32835.
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres Name of New Registered Agent	Florida, 32835. Gress in Florida, enter the name of the S:

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>P1</u>	John Doe	
X Remove	\underline{V}	Mike Jones	
_X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	MR	IFTAKHAR KHAN	320 W Sabal Palm PI,
Add			Longwood, FL 32779
X Remove			
2) Change	DR ———	SANJAY KHUBCHANDANI	6735 Conroy Rd, Suite 231
X Add			Orlando , Florida, 32835.
Remove Change			
Add			
Remove			,
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach add	ditional shee	g additional / ts. if necessar	17. (Be sp.	recific)	<u></u>			
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,								
<u>If an amer</u>	ndment prov	vides for an e	xchange, r	eclassificati	on, or cance	<u>llation of issu</u>	ied shares,	
provision (if no	ns tor impler ot applicable,	menting the a indicate N/A	<u>.mendment</u>)	: 11 not conta	ained in the	amendment i	tsett:	
				,				
								
					<u></u>			

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20 September 2023	er a a
The date of each amendment(s) adoption:date this document was signed.	, if other than the
20 September 2023	
Effective date if applicable:	
(no more than 90 days after amendment file dat	(e)
Note: If the date inserted in this block does not meet the applicable statutory filing requireme document's effective date on the Department of State's records.	nts, this date will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without share action was not required.	cholder action and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the above the shareholders was/were sufficient for approval.	mendment(s)
□ The amendment(s) was/were approved by the shareholders through voting groups. The follow must be separately provided for each voting group entitled to vote separately on the amendment. "The number of votes east for the amendment(s) was/were sufficient for approval.	
by	
20 September 2023 Dated	
(By a director, president or other officer – if directors or officers have selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
Mr Kalpesh Vyas	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	

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