Pa300045a01

(Requestor's Name)				
(Address)				
(Ād	ddress)			
(Ci	ity/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(B)	usiness Entity Name)			
(Do	ocument Number)			
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				
	J. HORNE			
	JUL 2 4 2023			
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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: 420 CARE SOLUTIONS IN C. DOCUMENT NUMBER: 723000 45701 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following:

MATTHEN GISSING				
Name of Contact Person				
AIR CARE SOLUTIONS INC.				
Firm/ Company				
115 COBBLESTONE USY				
PHYSZC Modress				
SANCORD / FL 32771				
City/ State and Zip Code				
AIQCARE SOLUTIONS INC Q G MAIL - COA				

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Area Code & Daytime Telephone Number Name of Contact Person

Enclosed is a check for the following amount made payable to the Florida Department of State:

□ \$35 Filing Fee

☐\$43.75 Filing Fee & Certificate of Status

☑\$43.75 Filing Fee & Certified Copy (Additional copy is

enclosed)

□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy

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

is enclosed)

Articles of Amendment to Articles of Incorporation of

\	oration as currently filed with the Florida Dept. of State)
	The state of the s
(D)	Occument Number of Corporation (if known)
	Laida Santana dei Planida Danga Camanada a Landa Cili.
Articles of Incorporation:	lorida Statutes, this Florida Profit Corporation adopts the following amendment
•	
If amending name, enter the new name of t	the corporation:
	The new
	rd "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc," or "Co". A professional corporation name must contain the word abbreviation "P.A."
Enter new principal office address, if applie	
rincipal office address <u>MUST BE A STREET</u>	ADDRESS)
	•
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	F ROY
(Maning address MAT BE AT OST OFFICE	E BUA
	gistered office address in Florida, enter the name of the
If amending the registered agent and/or re- new registered agent and/or the new register	ered office address:
new registered agent and/or the new registe	ered office address:
	ered office address:
new registered agent and/or the new registe	
Name of New Registered Agent	(Florida street address)
new registered agent and/or the new registe	

☐ 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)

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 De	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	VP	_	ASHLEY GLBBONS	115 COBBLESTUNE WAS
Add				SINFORD, FL 32771
Remove				
2) Change		_		
Add				
Remove 3) Change		- -		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

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f an ameno	ment provides for an for implementing the	exchange, reclass	ification, or car	rcellation of issue	ed shares,	
(if not	applicable, indicate N/A	amenoment it noi	contained in ti	<u>ne amendmeni n</u>	sen:	
·	.,					
		.	-			·
					-	

The date of each amendment(s) adoption: date this document was signed.	, if other than the
-	
Effective date if applicable: (no more than because of the second of the	90 days after amendment file date)
The more man	o dass after amenament file dater
Note: If the date inserted in this block does not meet the apple document's effective date on the Department of State's records.	icable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or action was not required.	board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The by the shareholders was/were sufficient for approval.	ne number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders the must be separately provided for each voting group entitled to	- • • • • •
"The number of votes cast for the amendment(s) was/w	ere sufficient for approval
by(voting group)	
(voting group)	
Dated 7/24/23	
1	
	cer – if directors or officers have not been ne hands of a receiver, trustee, or other court
Mastre	6230000 name of person signing)
(Typed or printed	name of person signing)
TRES-	ED EN C
(Title of person si	gning)