## P23000085890

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	Document Number)	· <del></del>
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01/10/24--01011--014 \*\*43.75





## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	PRATION: IMPERIAL MENT	AL HEALTH INC	
DOCUMENT NUM	IBER:P23000085890		
	s of Amendment and fee are sub	omitted for filing.	
Please return all corr	espondence concerning this mat	ter to the following:	
	Eduardo Martinez		
		Name of Contact Pers	on
	IMPERIAL MENTAL HEAL	TH INC	
		Firm/ Company	
	2801 SW College Rd, Suite 2	3	
		Address	
	Ocala, FL 34474		
		City/ State and Zip Co	de
	tcm@tcmqualityservices.com		
	E-mail address: (to be us		rt notification)
	·	•	,
For further informati	on concerning this matter, pleas	e call:	
Eduardo Martinez		813	900-3356
Name	e of Contact Person	at ( Area C	) 900-3356 Ode & Daytime Telephone Number
Enclosed is a check (	for the following amount made p	payable to the Florida De	partment 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 is enclosed)
Ar Di	ailing Address nendment Section vision of Corporations D. Box 6327	Amei Divis	et Address ndment Section ion of Corporations Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

Tallahassee, FL 32314

## Articles of Amendment **Articles of Incorporation** of

IMPERIAL MENTAL HEALTH INC	FUED
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P23000085890	ZUZY JAN 10 AM 8: 42
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
	The new
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.	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	2801 SW college Road, Suite 23
(Principal office address MUST BE A STREET ADDRESS)	Ocala, FL 34474
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2801 SW college Road, Suite 23
	Ocala, FL 34474
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida s	treet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Ager	nt:
hereby accept the appointment as registered agent. I am familian	with and accept the obligations of the position.
Signature of New	Registered Agent, if changing

Check if applicable

<sup>☐</sup> 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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
_ <u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Eduardo Martinez	910 NW 38th Ave
X Add			Cape Coral, FL 33993
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E: If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
(Attach duantimus meets, if necessary). The specific)
<del></del>
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,  provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)  reclassification of shares
50% President
50% Vice President

01/01/2024	
The date of each amendment(s) adoption:	than the
date this document was signed.	
01/01/2024	
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 list document's effective date on the Department of State's records.	ed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholde action was not required.	г
☐ 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)	
O1/01/2024 Dated Signature  Dinno Chalivez	
(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)	
Eduardo Martinez	
(Typed or printed name of person signing)	
Vice-President	
(Title of person signing)	