

P24000009539

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

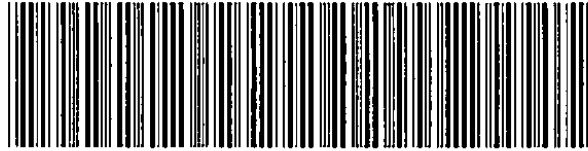
(Document Number)

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Me

MC



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 4, 2024

TERRI SHIKANY  
10 EDGEWATER DRIVE APT 15K  
CORAL GABLES, FL 33133

SUBJECT: H2 HEALTH, INC.  
Ref. Number: P24000009539

We have received your document for H2 HEALTH, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please fill out the entire last page.

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Morgan E Lovett  
Regulatory Specialist II

Letter Number: 124A00024200

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TALLAHASSEE, FL

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**COVER LETTER**

: Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** H2 HEALTH, INC.

**DOCUMENT NUMBER:** P24000009539

: enclosed *Articles of Amendment* and fee are submitted for filing.

please return all correspondence concerning this matter to the following:

TERRI SHIKANY

Name of Contact Person

H2 HEALTH, INC.

Firm/ Company

10 EDGEWATER DRIVE APT. 15K

Address

CORAL GABLES, FL 33133

City/ State and Zip Code

STEPHANIE@SHIKANY.ORG

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

For further information concerning this matter, please call:

STEPHANIE KALAJAINEN at ( 786 ) 591-1454  
Name of Contact Person Area Code & Daytime Telephone Number

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 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

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Articles of Amendment  
to  
Articles of Incorporation  
of

HEALTH, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

000009539

(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  
Articles of Incorporation:

If amending name, enter the new name of the corporation:

IKANY HOLDINGS, INC.

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Co.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "professional," "professional association," or the abbreviation "P.A."

Enter new principal office address, if applicable:

Principal office address **MUST BE A STREET ADDRESS** )

N/A

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

N/A

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 N/A

(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

By 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) (c), F.S.

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ending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and  
ress of each Officer and/or Director being added:

ch additional sheets, if necessary)

se note the officer/director title by the first letter of the office title:

President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief  
utive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held.  
ident, Treasurer, Director would be PTD.

anges 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  
ange, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change,  
e Jones, V as Remove, and Sally Smith, SV as an Add.

ample:

Change PT John Doe

Remove V Mike Jones

Add SV Sally Smith

e of Action Title Name Address  
eck One)

Change N/A

Add

Remove

Change

Add

Remove

Change

Add

Remove

Change

Add

Remove

Change

Add

Remove

Change


Add

Remove

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Attach additional sheets, if necessary). (Be specific)

(if not applicable, indicate N/A)



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OCTOBER 11, 2024

date of each amendment(s) adoption: \_\_\_\_\_, if other than the  
this document was signed.

NOVEMBER 10, 2024

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

2: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the  
amendment's effective date on the Department of State's records.

Option 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 4, 2024

Signature

(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)

Walter R. Shikany III

(Typed or printed name of person signing)

CEO and President

(Title of person signing)

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Walter R. Shikany III

(Typed or printed name of person signing)

CEO and President

(Title of person signing)

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