(((H24000085242 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I28090000081 : (307)200-2803 Phone : (813)436-5206 Fax Number

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

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN MUHAMMAD ASAD KHAN, PA

Certificate of Status	0
Centified Copy	0
Page Count	05
Estimated Charge	\$35,00

Electronic Filing Menu

Corporate Filing Meno

Help

Fax: 8134365206

Articles of Amendment to Articles of Incorporation of

MUHAMMAD ASAD KHAN, PA	
(Name of Corporation as curr	rently filed with the Florida Dept. of State)
P24000014987	
(Document Numb	ber of Corporation (if known)
its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation KHAN BIOSURGICAL TECH, PA	<u>n:</u>
	The
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 "F	". A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	700
C. Enter new malling address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(Mailing address MAT BE A FOST OFFICE BOX)	
	70.00
D. If amending the registered agent and/or registered office:	
new registered agent and/or the new registered office add	<u>Iress:</u>
Name of New Registered Agent	
The sylven regulation right	
	da street address)
เราเขาน	u street agaress)
New Registered Office Address:	, Florida
	(Chy) (Zip Code)
New Registered Agent's Signature, if changing Registered Ag	gent:
hereby accept the appointment as registered agent. I am famil	нат жип апа ассері іне оридацопя ој те розіноп.

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.

3/4/2024 09:00 32 PST To: 18506176380 Page: 3/5 Fex: 8134365206

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 Doc 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 Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change			
Add			2024 HAR
Remove			The state of the s
2) Change			
Add			SSEE S
Remove 3) Change			三
Add			
Remove			
4) Change			
Add			
5) Change			
Remove			
6)Change			
Add			
Remove			

3/4/2024 09:00:32 PST To: 18506176380 Page: 4/5 Fax: 8134365206

Attach additional sheets, if necessary).	(Be specific)		
<u> </u>		-11	
			- 2 2
			7024 MAR
			AR AR
			<u> </u>
			Sign H
· · · · · · · · · · · · · · · · · · ·	_		
			72 9
			, - -
			
f an amendment provides for an exc	hange, reclassification, or	cancellation of issued sh	ares.
provisions for implementing the am	endment if not contained in	n the amendment itself:	
(if not applicable, indicate N/A)			
		~~~~~~	
	·		

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date will repartment of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder action and s	hareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
☐ The amendment(s) was/were a must be separately provided fi	opproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	F ]
"The number of votes can	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	M 9: 04
	m _c	ب ب
Dated 03/04/202	24	2
Signature	, Holismonaut Man	
(By a select	director, president or other officer - if directors or officers have not been ed, by an incorporator - if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)	
	Muhammad Khan	
	(Typed or printed name of person signing)	
	Director	
	(Title of person signing)	<del></del>