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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: HEALTH TRANS	ACTION SERVICES INC	
DOCUMENT NUM	P24000032094		<u> </u>
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	KC Caldwell		
		Name of Contact Persor)
	Caldwell and Company		
		Firm/ Company	·
	7501 NW 4th St Suite 112		
		Address	·
	Plantation, FL 33317		
		City/ State and Zip Code	2
	ke@kecaldwellepa.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, plea	se call:	
KC Caldwell		954 at (5852216 de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address			Address
	endment Section ision of Corporations	Amendment Section	
	Box 6327	Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

HEALTH TRANSACTION SERVICES INC

(Name of Corporation	as currently filed with the Florida Dept. of	State)
P24000032094		 ,
(Documer	nt Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida S ts Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts	the following amendment(
A. If amending name, enter the new name of the corp	poration:	
Health Transition Services Inc		The new
name must he distinguishable and contain the word "corp" Inc.," or Co.," or the designation "Corp," "Inc." of chartered," "professional association," or the abbrevio	or "Co". A professional corporation name	te abbreviation "Corp.," must contain the word
Enter new principal office address, if applicable:		
Principal office address <u>MUST BE A STREET ADDR</u>	<u>(ESS</u>)	202
		. C1
Enter new mailing address, if applicable:		. C 1
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	·	
		· —
		ယ္
N 16	d of Good durante Florida actour the name of	f the
 If amending the registered agent and/or registered new registered agent and/or the new registered of 		<u>i the</u>
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	. Flo	orida
New Negative Office Many Case	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent. La	stered Agent: am familiar with and accept the obligations of	the position.
	, , , , , , , , , , , , , , , , , , ,	,
<u></u>		
Signatu	ure of New Registered Agent, if changing	
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)

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 Doc, 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>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			····
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	· -
· 	
<u> </u>	· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·
an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

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;		
The date of each amendment(s) ad late this document was signed.	loption: 05/01/2024	, if other than th
-	05/01/2024	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blocument's effective date on the De	lock does not meet the applicable statutory filing requirements partment of State's records.	, this date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without sharehold	der action and shareholder
The amendment(s) was/were ado by the chareholders was/were su	pted by the shareholders. The number of votes cast for the ame	ndment(s)
	roved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	
"The number of votes cast	for the:amondment(s) was/were sufficient for approval	
by		
	(voting group)	
	Due - Reference of directors or officers have no	at base
	by an incorporator — if in the hands of a receiver, trustee, or ob-	
appoint	ed fiduciary by that fiduciary)	
	Suzanne CiRicko	
	GENERAL RECORDED AND A SECOND	
_	Prosident	