## P24000034036

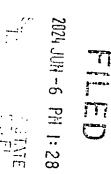
(Re	equestor's Name)	
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

CB Medical Consult NAME OF CORPORATION:	ing Co.	
P24000034036		
DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are subr	nitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Courtney Buchan		
	(Name of Contact Person	1)
	(Firm/ Company)	
1240 Blanding Street		
	(Address)	
Starke, FL, 32091		
	(City/ State and Zip Cod	2)
csheffield128@gmail.com		
E-mail address: (to be used	for future annual report	notification)
For further information concerning this matter, please	call:	
(Name of Contact Person)	) at at	ea Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Depa	artment 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

## Articles of Amendment to Articles of Incorporation of

CB Medical Consulting Co.

FILED

Name of Corporation as currently filed with the	e Florida Dept. of State)	2024 JUH -6 PH
P24000034036		· · · · · · · · · · · · · · · · · · ·
(Docun	nent Number of Corporation (if known)	1.:
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	rida Statutes, this Florida Not For Profit C	orporation adopts the following
A. If amending name, enter the new name of the	e corporation:	
N/A		The new
name must he distinguishable and contain the word "Company" or "Co." may not be used in the name		
B. Enter new principal office address, if applica	N/A ble:	
(Principal office address <u>MUST BE A STREET A</u>	DDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	-
D. If amending the registered agent and/or regis		name of the
new registered agent and/or the new register		
Name of New Registered Agent:	Courtney E Buchan	
	1240 Blanding St	
	(Florida street a	address)
New Registered Office Address:		
	Starke	, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing F hereby accept the appointment as registered agen		tions of the position.
	Aller I Brains	
-	utilly outhan	
	Signatúre of New Registered Agent	t il changing

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 X Remove X Add	PT John Do V Mike Jo SV Sally Sr	nes	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) Change Add	<u>S</u>	Shawn Buchan	1240 Blanding St Starke, FL 32091
Remove			
2) <u>*</u> Change Add	<u>P</u>	Courtney Buchan	1240 Blanding St Starke, FL 32091
Remove 3) Remove Add Remove			
4) Change Add		<del></del>	
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
(attach additional shee	its, if necessary).	icles, enter change(s) here:  (Be specific)  to Courtney E Buchan reflected.	
Shawn Buchan role adde	a in addition to ex	isung VP status.	
	<del>.</del>		

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The date of each amendment(s) ad	loption:	if other than the
date this document was signed.		_, n odici man me
<b>U</b>		
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blod document's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date will not partment of State's records.	be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ad was/were sufficient for approva	dopted by the members and the number of votes cast for the amendment(s)	

Dated	06/03/2024
Signature	. Attul Buchan
	(By the chairman or vice chairman of the board, president or other officer-if director, have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	oner court appointed reductary by that reductary)
	Courtney Buchan
	Courtney Buchan