Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000255841 3)))



H240002558413ABC+

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 : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

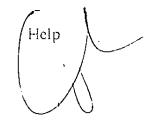
≠*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email	Address:		
-------	----------	--	--

COR AMND/RESTATE/CORRECT OR O/D RESIGN NEXTPAIN MEDICAL, P.A.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu Corporate Filing Menu



To: 18506176380 From: 12147128131 Date: 07/29/24 Time: 10:16 PM Page: 02/05

(((H24000255841 3)))

Articles of Amendment to Articles of Incorporation of

NEXTPAIN MEDICAL, P.A.				
(<u>N</u> ame	of Corporation as currently	filed with the Florida Dept. of	State)	
P24000048616				
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation	.1006, Florida Statutes, this a	Torida Profit Corporation adopts	s the following	amendment(s) to
A. If amending name, enter the new n	ame of the corporation:			
				The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Cartered," "professional association,	Corp," "Inc," or "Co". A			
B. Enter new principal office address,	if applicable:	600 Cleveland Street, Suite 30	0.	- 'M
(Principal office address MUST BE A S		Clearwater, FL, 33755		(A)
			., .	T T
C. Enter new mailing address, if applicable: (Mailing address MAYBEA POST OFFICE BOX)		600 Cleveland Street, Suite 30	0.	
		Clearwater, FL. 33755		
		,	<u></u> ,	
D. If amending the registered agent an new registered agent and/or the ne			<u>f the</u>	
Name of New Registered Agent				
	600 Cleveland Street, Suite	300		
	(Florida stre	et address)		
New Registered Office Address.	Clearwater,	, Flo	orida_33755	
		City)	(Zip Co	ide)
New Registered Agent's Signature, if c	hanging Registered Agent:			
I hereby accept the appointment as regis.	tered agent. I am familiar w	ith and accept the obligations of i	the position.	
	Signature of New Re	gistered Agent, if changing		

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

To: 18506176380 From: 12147128131 Date: 07/29/24 Time: 10:16 PM Page: 03/05

(((H24000255841 3)))

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.

X Change	<u>PT</u> <u>Jo</u>	ohn Doe	
\underline{X} Remove	<u>V</u> <u>M</u>	like Jones	
X Add	<u>SV</u> Sa	ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Namc</u>	<u>Addres</u> s
1) X Change	p	SUJIN LEE	600 Cleveland Street, Suite 30
Add			Clearwater, Fl., 33755.
Remove			
2) Change			
Add			0
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
` Add			
Remove			
6) Change			
Add			
Remove			

To: 18506176380 From: 12147128131 Date: 07/29/24 Time: 10:16 PM Page: 04/05

(((H24000255841 3)))

E. If amending or adding additional Articles, enter change(s) here (Attach additional sheets, if necessary). (Be specific)	
Article VI, The name and address of the incorporator is amended to:	
SUJIN LEE, 600 Cleveland Street, Suite 300, Clearwater, FL. 33755	-
	·
	724
	2024 JUL 30 NM 9:
	至
	9:
	- 1
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)	
	<u>.</u>

		(f(H2400025584)
The date of each amendment(s) acd attention that this document was signed.	option:	, if other than the
Effective date <u>if applicable:</u>		
<u></u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bidocument's effective date on the De	ock does not meet the applicable statutory filing requirements, this department of State's records.	ste will not be listed as the
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 shareholder acti	on and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for the amendment(Ticient for approval.	(s)
must be separately provided for	roved by the shareholders through voting groups. The following statem each voting group entitled to vote separately on the amendment(s): or the amendment(s) was/were sufficient for approval	2024 JUL 30
by	(voting group)	-3-74
	Super Lee et of president or other officer - if directors or officers have not been	至 5
appoint	, by an incorporator — if in the hands of a receiver, trustee, or other count fiduciary by that fiduciary)	t
	SUIN LEE	
	(Typed or printed name of person signing)	
	President	

(Title of person signing)

To: 18506176380 From: 12147128131 Date: 07/29/24 Time: 10:16 PM Page: 05/05