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Division of Corporations

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: (850)617-6380

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.

Account Number : 076077001702

: (407)841-1200

Fax Number

: (407)423-1831

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

Email Address: garvelo@fpmmso.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN PRIMECARE ADVANTAGE SOLUTIONS, INC.

Certificate of Status	0
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Check if applicable

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

Fax: (850) 617-6380

Page: 2 of 5

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Articles of Amendment
to
Articles of Incorporation

of

PRIMECARE ADVANTAGE SOLUTIONS, INC.	
(Name of Corporation as currently	filed with the Florida Dept. of State)
P93000067180	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	Clorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
FLORIDA PRIMED CONSULTANTS, INC.	The new
name must be distinguishable and contain the word "corporation," "co". "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent	
(Florida stre	
	. Florida
New Registered Office Address:	(City) Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
Signature of New Re	gistered Agent, if changing

From: Leslie Perryman

Fax: 14078411200

To:

Fax: (B50) 617-6380

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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	<u>PT</u>	John Do	<u>c</u>	
X Remove	<u>v</u>	Mike Jos	nes	
X Add	<u>SV</u>	Sally Sn	<u>aith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
l) Change				
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

From: Leslie Perryman Fax: 14078411200 To: Fax: (850) 617-6380 Page: 4 of 5 01/25/2022 1:52 PM

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nge, reclassification, or cance	llation of issued shares,
dment if not contained in the	amendment itself:
	ange, reclassification, or cance

From: Leslie Perryman	Fax. 14078411200	To:	Fax: (850) 617-6380	Page: 5 of 5	01/25/2022 1:52 PM
The date of eac date this docum	ch amendment(s) add ont was signed.	T_`.	((H22000032343 3))) mary 24, 2022		, if other than the
Effective date <u>i</u>	f applicable:	(no	more than 90 days after amendment file	e date)	
	te inserted in this blo ective date on the Dep		et the applicable statutory filing requires records.	rements, this date v	vill not be listed as the
Adoption of A	mendment(s)	( <u>Снеск</u>	ONE)		
☐ The amendm action was n	•	ted by the incorp	porators, or board of directors without s	shareholder action a	nd shareholder
	nent(s) was/were adop holders was/were sufl	-	holders. The number of votes east for t	the amendment(s)	
			cholders through voting groups. The fa o entitled to vote separately on the ame		
"The n	umber of votes cast fo	or the amendmer	nt(s) was/were sufficient for approval		
by		(voting gr	roup)		
		ector, president of	or other officer – if directors or officers		

appointed fiduciary by that fiduciary)

Gustavo Arvelo

President

(Typed or printed name of person signing)

(Title of person signing)