## P950000 14297

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2021 AUG 20 PH 12: 47
SECRETION SET STATE

A. Butler

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Richard Koral	olath, Ph.D., PA
	- P95000 C 14297
The enclosed Articles of Amendment and fee are submitted	d for filing.
Please return all correspondence concerning this matter to	_
RICHARD KORNBLATH	H. PH.D.
Na Na	me of Contact Person
MICHARD KORUBLATH	PA.D., PA
	Firm/ Company
13136 MOUNT COLUM	181A TERRACE
<del></del>	Address
DELKAY BEACH, FL	. 33446
Cit	y/ State and Zip Code
E-mail address: (to be used for	future annual report notification)
For further information concerning this matter, please call	:
VISA RUSSELL (OFFICE MGR) Name of Contact Person	at ( 954 ) 413-1717
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payab	le to the Florida Department of State:
(A	43.75 Filing Fee & S52.50 Filing Fee ertified Copy dditional copy is nclosed)
Mailing Address Amendment Section	Street Address Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

FHED

RICHARD KORNBLATH PH.D. PA	2021 AUG 20 PH 12: 47	
(Name of Corporation as currently	filed with the Florida Dept. of State)	
P 950000 1427	PROPERTY OF STATE	
(Document Number of C	Corporation (if known)	
suant to the provisions of section 607.1006, Florida Statutes, this <i>Fla</i> Articles of Incorporation:	orida Profit Corporation adopts the following amendmen	
If amending name, enter the new name of the corporation:		
NA	The new	
ne must be distinguishable and contain the word "corporation," "cor c.," or Co.," or the designation "Corp," "Inc," or "Co". A partered," "professional association." or the abbreviation "P.A."  Enter new principal office address, if applicable:	mpany," or "incorporated" or the abbreviation "Corp" professional corporation name must contain the word	
incipal office address <u>MUST BE A STREET ADDRESS</u> )	DELPAY BEACH, FL. 33446	
Enter new mailing address, if applicable:	12/2/ 4/4/ 12	
(Mailing address MAY BE A POST OFFICE BOX)	13136 MOUNT COLUMBIA TERRACE	
	DELRAY BEACH, FL. 33446	
If amending the registered agent and/or registered office addres	s in Florida, enter the name of the	
new registered agent and/or the new registered office address:		
Name of New Registered Agent		
14 1 7		
(Florida street	address)	
New Registered Office Address: 13136 MOUNT COL	M BIA TERRACE Florida 33446	
DELPAY BEACH IC		
Registered Agent's Signature, if changing Registered Agent:	board warms the ablication of the second	
	ana accept the obligations of the position	
reby accept the appointment as registered agent. I am familiar with	and property of the population	
reby accept the appointment as registered agent. I am familiar with	The position	
	The position is	

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 Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
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		, , , , , , , , , , , , , , , , , , ,	
Remove		·	
2) Change			<u> </u>
Add		,	
Remove 3) Change			/ <del></del>
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add		,	
Remove			
6) Change			
Add			
Remove			<u></u>

·	ts, if necessary). (Be specific)	· · ·	
	17/7		
_		. <u>.</u>	
-			
		,	
if an amendment nro	vides for an exchange, reclassification	on, or cáncellation of iss	ued shares.
provisions for imple (if not applicable	menting the amendment if not conta	ined in the amendment	itself:
( <b>) /</b> /	,		
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			•
	NIA	(	,
		<u>·*</u> ···································	

The date of each amendment(s) adoption:	8 13 2021	, if other than the
date this document was signed.	•	
Effective date if applicable:	8/14/2021	
	(no more than 90 days after amendment	file date)
Note: If the date inserted in this block does no document's effective date on the Department of	ot meet the applicable statutory filing req	
Adoption of Amendment(s) (CH)	ECK ONE)	
The amendment(s) was/were adopted by the i action was not required.	ncorporators, or board of directors withou	it shareholder action and shareholder
☐ The amendment(s) was/were adopted by the s by the shareholders was/were sufficient for a		or the amendment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting-		
"The number of votes cast for the amen-	dment(s) was/were sufficient for approva	l
by	ng group)	 ·
(voti	ng group)	
Dated 6 13 2021 Signature	Knuden de Pas	
	dent or other officer - if directors or office	ers have not been
	porator - if in the hands of a receiver, tru	stee, or other court
	CHARD KORNBLATH, PH.D	
	Typed or printed name of person signing)	
(1)	Fitle of person signing)	