P960000 27964

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MAY 1 7 2019 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: C.R.S. Medical Ber	nefits, Inc.		
DOCUMENT NUMB				
The enclosed Articles of	f Amendment and fee are sub	omitted for filing.		
Please return all correspondence concerning this matter to the following:				
,	Fara M. O'Connor			
-	Name of Contact Person			
•	O'Connor Law Group, P.A.			
-	Firm/ Company			
•	9743 U.S. Highway 19			
-		Address		
	ort Richey Florida 34668			
-		City/ State and Zip Code		
taraoc	onnor@verizon.net			
		ed for future annual report	notification)	
For further information Tara M. O'Connor	concerning this matter, please		841-6991	
	f Contact Person	at (727 at (727) de & Daytime Telephone Number	
	the following amount made p			
S35 Filling 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)	
Ame Divis P.O.	ing Address adment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ussee, FL 32301	

Articles of Amendment to Articles of Incorporation of

C.R.S. Medical Benefits, Inc.

(Name of Corporation as currently	filed with the Florida Dept. of State)
P96000027964	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Gword "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name must contain the
B. <u>Enter new principal office address</u> , if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	8 PH 6: 43
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent Tara M. O'Connor, Esquire	
9743 U.S. Highway 19	
(Florida stre	et address)
None Registered Office Address: Port Richey	Florida 34668
	City) (Zip Code)
Name of New Registered Agent 9743 U.S. Highway 19 (Florida streen New Registered Office Address:	, Florida 34668 City (Zip Code)
Signature of New Ro	gistered Agent, if 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)

Remove

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 Doc		
X Remove	Y	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	P, D	William O. Walker	5006 Trouble Creek Road	
Add			Suite 226	
X Remove			New Port Richey, FL 34652	
2) Change	T. D	Scot Arehart	5006 Trouble Creek Road	
Add			Suite 226	
X Remove			New Port Richey, FL 34652	
3) Change	P, T	Desiree Harmon	5006 Trouble Creek Road	
X Add			Suite 226	
Remove			New Port Richey, FL 34652	
4) Change	v, s	Karina Babbino	5006 Trouble Creek Road	
X Add			Suite 226	
Remove			New Port Richey, FL 34652	
5) Change				
Add				
Remove				
6) Change				
Add			 	

Attach additional sheets, if necessary).	(Be specific)
	
	
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f 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)	
	

The date of each amendment(s) adoption:date this document was signed.	MUHU 3, LO19	, if other than the
· ·		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department o	not meet the applicable statutory filing requirements, this date f State's records.	will not be listed as the
Adoption of Amendment(s) (C	HECK ONE)	
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The number of votes cast for the amendment(s) approval.	
	he shareholders through voting groups. The following statement g group entitled to vote separately on the amendment(s):	
"The number of votes cast for the ame	endment(s) was/were sufficient for approval	
by(ve	oting group)	
The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted by the action was not required.	e incorporators without shareholder action and shareholder	
Dated	3.2019	
(By a director, preselected, by an inc	sident or other officer – if directors or officers have not been corporator – if in the hands of a receiver, trustee, or other court y by that fiduciary)	
Desiree Ha	armon	
	(Typed or printed name of person signing)	
President		
	(Title of person signing)	