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(Daniel	atada Massa)	
(Reque	stor's Name)	
(Addre	ss)	
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(City/S	tate/Zip/Phone #	/)
PICK-UP	WAIT	MAIL
(Busine	ess Entity Name	e)
(Docur	nent Number)	
Certified Copies	Certificates of	of Status
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Special Instructions to Fili	ng Officer:	

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Physicians Stat La	b. Inc.	
	ABER: P97000025085		
The enclosed Article	es of Amendment and fee are su	ibmitted for filing.	
Please return all cor	respondence concerning this ma	itter to the following:	
	Nathan Hawkins		
		Name of Contact Person	1
	Physicians Stat Lab, Inc.		
	· · ·	Firm/ Company	
	5427 Water Street		
		Address	-
	New Port Richey, FL 34652		
		City/ State and Zip Cod	e
	nhawkins@novusequity.com	·	
	• •	sed for future annual report	notification)
² or further informati Nathan Hawkins	ion concerning this matter, pleas	se call: -407 at (757-8747
Name	e of Contact Person		de & Davtime Telephone Number
Enclosed is a check	for the following amount made		•
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 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		Amend Divisio	Address ment Section n of Corporations entre of Tallahassee
Tallahassee FL 32314			Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



Physicians Stat Lab, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P97000025085 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 5427 Water Street B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) New Port Richev, FL 34652 C. Enter new mailing address, if applicable: 5427 Water Street (Mailing address MAY BE A POST OFFICE BOX) New Port Richev, FL 34652 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Nathan Hawkins Name of New Registered Agent 13650 W. Colonial Drive, Suite 170 (Florida street address) Winter Garden New Registered Office Address: (City)

New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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>	<u>Addres</u> s
1) Change	Other	Novus Health, LLC	7345 Bella Foresta PL
Add			Sanford, FL 32771
Remove 2) Change	Р	Nathan Hawkins	5427 Waters Street
<u>X</u> Add			New Port Richey, FL 34652
Remove 3) Change	CEO	Nathan Hawkins	5427 Waters Street
XAdd			New Port Richey, FL 34652
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

<u>f amending or adding addit</u> Attach <i>additional sheets, if ne</i>	cessary). (Be spec	cific)			
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an amendment provides for provisions for implementing	or an exchange, rec g the amendment if	<u>lassification, or ca</u> f not contained in	ancellation of issuc The amendment it	<u>ed shares.</u> self:	
(if not applicable, indicat	te N/A)			<u></u>	
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action action was not required.	and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statemen must be separately provided for each voting group entitled to vote separately on the amendment(s):	1
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Nathan Hawkins	
(Typed or printed name of person signing)	
President and Chief Executive Officer	
(Title of person signing)	