P980000 61683

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: CEDERQUIST M	EDICAL WELLNESS CE	NTER, INC.
DOCUMENT NUME			
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	Jason E. Rosen, Esq.		
		Name of Contact Perso	on
	JER Law Firm, P.A.		
	······································	Firm/ Company	
	220 N. Main Street, Suite 50	• •	
		Address	_
	Greenville, SC 29601		
	· .	City/ State and Zip Coo	le
IRose	en@jerlawfirm.com		
		sed for future annual repor	(notification)
	E-man address. (to be d.	sea for fature annual repor	i notification)
For further information	n concerning this matter, pleas	se call:	
Jason E. Rosen, Esq.		864	469-6835
	of Contact Person	at (at ()ode & Daytime Telephone Number
1 value (or Contact Croon	7110tt Ct	sue de Bayanne Perephone Puntoer
Enclosed is a check fo	r the following amount made	payable to the Florida Dep	artment of State:
■ \$35 Filing 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)
Mailing Address			Address
Amendment Section Division of Corporations		Amendment Section Division of Corporations	
P.O. Box 6327		Clifton Building	
Tallahassee, FL 32314		2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation of
CEDERQUIST MEDICAL WELLNESS CENTER, INC.
(Name of Corporation as currently filed with the Florida Dept. of State)
P98000061683
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> 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."
B. Enter new principal office address, if applicable:

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 address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent	Scott W. Wadman	2 S =
	1575 Pine Ridge Road, Suite 19	9 AL
New Registered Office Address:	(Florida street address) Naples	. Florida 77
	(Cuy)	TORINAL TORINAL

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

(Principal office address MUST BE A STREET ADDRESS)

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

Signature of New Registered 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 Doe \underline{X} Remove $\underline{\mathbf{v}}$ Mike Jones \underline{SV} X AddSally Smith Type of Action Title <u>Name</u> <u>Address</u> (Check One) **PVTSD** Caroline J. Cederquist, M.D. 7206 MILL RUN CIRCLE 1) ____ Change NAPLES, FL 34109 ___ Add Remove Scott W. Wadman 1575 Pine Ridge Road **PVTSD** 2) ____ Change Suite 19 __ Add Naples, Florida 34109 ___ Remove 3) ____ Change __ Add _ Remove 4) ____ Change $_$ Add Remove 5) Change ___ Add Remove 6) ____ Change $_$ Add

f amending or adding additional Articles, enter change(s) here:			
attach additional sheets, if necessary). (Be specific)			
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an amendment provides for an exchange, reclassification, or cancellation of issued shares,	<u>~</u> ;,,		ť
provisions for implementing the amendment if not contained in the amendment itself:	몽교	-	`
(if not applicable, indicate N/A)	ĒĦ	22	
			_
	- 		

The date of each amendment date this document was signed		, if other than the
Effective date if applicable:	August 8, 2019	
-	(no more than 90 days after amendment file date)	
Note: If the date inserted in document's effective date on t	this block does not meet the applicable statutory filing requirements, this he Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendmer ere sufficient for approval.	u(s)
☐ The amendment(s) was/wei must be separately provide	re approved by the shareholders through voting groups. The following state ad for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voling group)	
☐ The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareho	lder
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Augu Dated	st 8, 2019	
Signature	Scotto Wadn	19 SE TALI
se فِرْ	y a director, president or other officer – if directors or officers have not bee lected, by an incorporator – if in the hands of a receiver, trustee, or other coppointed fiduciary by that fiduciary)	ours 5 5 TI
	Scott W. Wadman	E PA
	(Typed or printed name of person signing)	
	President	F 22
	(Title of person signing)	<u> </u>