## P99000079378

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| JUN 2 0 2022                            |
| A. LURT                                 |
|   |

Office Use Only



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04/29/22--01017--029 \*\*35.00

## **COVER LETTER**

TO: Amendment Section

| Division of Corporati       | ons .                                       |   | •  |
|-----------------------------|---|---|--|
| NAME OF CORPORAT            | ION: Apex 4                                 | ealth Care In   | C  |
|                             |   | <u>•</u>  |  |
| The enclosed Articles of A  | mendment and fee are su                     | bmitted for filing.   |  |
| Please return all correspon | dence concerning this ma                    | tter to the following:  |  |
|                             | Yasmin                                      | Name of Contact Person  | n  |
|                             |   |   |  |
|                             | Max How                                     | Firm/ Company   |  |
|                             |   |   |  |
| <u>-</u>                    | 4632 24                                     | 60 Terrace<br>Address   |  |
|                             | Micai                                       | F1 73183  |  |
|                             |   | F L 33 \δ 3 City/ State and Zip Code  | e  |
|                             | E-mail address: (to be us                   | Le 10 ad. Com<br>sed for future annual report                               | notification)  |
| For further information co  | ncerning this matter, pleas                 | se call:  |  |
| Yasmin E                    | - Gros                                      | aı( <u></u> 736   | de & Daytime Telephone Number  |
| Name of Co                  | ontactPerson                                | Area Co   | de & Daytime Telephone Number  |
| Enclosed is a check for the | following amount made                       | payable to the Florida Depa   | artment of State:  |
| \$35 Filing Fee             | □\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
|                             | ent Section<br>of Corporations              | Amend<br>Divisio  | Address Iment Section In of Corporations In the contract of Tallahassee                |

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## **Articles of Amendment** to Articles of Incorporation

|  | f   | <b>~ ~</b>            |
|--|---|-----------------------|
| April Healt Core Inc.  (Name of Corporation as currently filed with the Florida Dept. of State)                                |   |                       |
| (Name of Corporation as current  | tly filed with the Florida Dept. of State)    | 15107 0<br>122 APR 29 |
| 8 F E P F 0000 PP 9  |   | 122 APR 29 AH 10:     |
| (Document Number of  | of Corporation (if known)                     | ===                   |
| ment to the appointment of annion 607 1006. Planta Statutes this   | File it Be Co Comment on advantable Callery   |                       |
| suant to the provisions of section 607,1006, Florida Statutes, this<br>Articles of Incorporation:                              | s Florida Proju Corporation adopts the follow | ring ameng <u>in</u>  |
| If a monding name outpuths are some of the company in a  |   |                       |
| If amending name, enter the new name of the corporation:   |   |                       |
| ne must be distinguishable and contain the word "corporation," "   | ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )       | The new               |
| c.," or Co.," or the designation "Corp," "Inc," or "Co". artered," "professional association," or the abbreviation "P.A.       | A professional corporation name must cont     |                       |
| Enter new principal office address, if applicable: incipal office address <u>MUST BE A STREET ADDRESS</u> )                    |   |                       |
|  |   |                       |
|  |   | <del></del>           |
| Enter new mailing address, if applicable:  |   |                       |
| (Mailing address <u>MAY BE A POST OFFICE BOX</u> )   | 14635 SW GO Terrac                            |                       |
|  | Miani FL 33/33                                |                       |
|  | ,   |                       |
|  |   |                       |
| If amending the registered agent and/or registered office add<br>new registered agent and/or the new registered office address |   |                       |
| as a registered agent and or pic bear registered office address  |   |                       |
| VI -   |   |                       |
| Name of New Registered Agent Yasmin Fac  | & rur   | <del></del>           |
| <del></del>  | •   | <del></del>           |
| <del></del>  | reet address)                                 | <del></del>           |
| <del></del>  | reet address) , Florida                       | p Code)               |

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>    | <u>John Doe</u>  |                   |
|----------------------------|--------------|------------------|-------------------|
| X Remove                   | Y            | Mike Jones       |                   |
| _X Add                     | SV           | Sally Smith      |                   |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u>      | Address           |
| 1) Change                  | NV           | Hosting Engineer | 6901 SW 166 (012) |
| Add                        |              | , , ,            | Minni FL 33193    |
| × Remove                   |              |                  |                   |
| 2) Change                  |              | _                |                   |
| Add                        |              |                  |                   |
| Remove 3) Change           |              |                  |                   |
| Add                        |              |                  |                   |
| Remove                     |              |                  |                   |
| 4) Change                  |              |                  | <del></del>       |
| Add                        |              |                  |                   |
| Remove                     |              |                  |                   |
| 5) Change                  |              |                  | -4-E              |
| Add                        |              |                  |                   |
| Remove                     |              |                  |                   |
| 5) Change                  |              |                  |                   |
| Add                        |              |                  |                   |
| Remove                     |              |                  |                   |
|                            |              |                  |                   |

| (2 1110012 000111 | ional sheets, if necessary). (Be specific)   |                |
|-------------------|--|----------------|
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|                   |  |                |
|                   | ment provides for an exchange, reclassification, or cancellation of issued   |                |
|                   | for implementing the amendment if not contained in the amendment itse<br>applicable, indicate N/A)   | <u>lf;</u>     |
| 111 ST ca         | res of stack sweed by Hosberg Engin  | sor con beach. |
|                   |  | •              |
|                   | al: Said Shares being Stock certification  |                |
| _                 | stribution of shares of stock are as follow  |                |
| 1) Stuci          | k Certificate 16 Shall be issued to Ve   | -zwin Fullioni |
|                   | 100 1/20   | ··             |
|                   |  | <b>.</b> .     |
| 54,c              | I Certificate 14 owned by Horhory English to Certificate 15 owned by Yourin English to Warin English to the Source of the Same | Munce in me    |

| The date of each amendment(s) adoption: February 1 2022 date this document was signed.  | if other than the                         |
|---|---|
| Effective date if applicable: Fahruss   2022  (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 will document's effective date on the Department of State's records.   | 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 and action was not required.   | l shar <del>c</del> holder                |
| 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.  | 202                                       |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):  "The number of votes cast for the amendment(s) was/were sufficient for approval | 1 L.E.E.E.E.E.E.E.E.E.E.E.E.E.E.E.E.E.E.E |
| by"  (voting group)   | RYON STATE                                |
| 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)  (Typed or printed name of person signing)                      | 7   |
| (Title of person signing)   |   |