167929

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	ION:	Provider Inc.				
DOCUMENT NUMBER		V67929				
The enclosed Articles of A	mendment and fee are sul	bmitted for filing.				
Please return all correspon	dence concerning this mad	tter to the following:				
•		Lois Crossman				
		Name of Contact Person				
		Provider Inc.				
 -		Firm/ Company				
	1402 E. 97 ave Apt. # A					
	Address					
	Tampa, Florida 33612					
		City/ State and Zip Code	2			
_	E-mail address: (to be us	sed for future annual report	notification)			
For further information co	ncerning this matter, pleas	se call:				
Lois Crossman		at () 922 0431 de & Daytime Telephone Number			
Name of C	ontact Person	Area Coo	de & Daytime Telephone Number			
Enclosed is a check for the	e following amount made	payable to the Florida Depa	artiment of State:			
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address 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

οf Provider Inc. (Name of Corporation as currently filed with the Florida Deparet State) V67929 (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." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 (Florida street address) New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: 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

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)

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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: <u>X</u> Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
l) Ghange	VP	Scott crossman	1402 e 97 ave # A
X Add			Tampa, Florida 33612
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		<u> </u>	
Add			
Remove			

amending or adding additional Artic tach additional sheets, if necessary).	(Be specific)				
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an all rendment provides for an exch	ange, reclassific	ation, or cancel	lation of issue	d shares.	
rovisions for implementing the ame (if not applicable, indicate N/A)	<u>ndment if not co</u>	ntained in the <u>a</u>	menament its	<u>eii:</u>	
(y not applicable, malenie 1911)					
					
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The date of each amendmen		, if other than the
date this document was signed Effective fate if applicable:	December 27, 2023	
	(no more than 90 days after amendment fi	le date)
Note: If the date inserted in document's effective date on t	this block does not meet the applicable statutory filing required because the Department of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we action was not required.	re adopted by the incorporators, or board of directors without	shareholder action and shareholder
	re adopted by the shareholders. The number of votes cast for ere sufficient for approval.	the amendment(s)
	re approved by the shareholders through voting groups. The jed for each voting group entitled to vote separately on the am	
The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(realing group)	
Dated	December 27, 2023	
Signature _	Lois Crosman	
(E	y a director, president or other officer – if directors or officer elected, by an incorporator – if in the hands of a receiver, trus opointed fiduciary by that fiduciary)	s have not been tee, or other court
	Lois Crossman	
	(Typed or printed name of person signing)	····
	President	
	(Title of person signing)	<u> </u>

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