

P03000013385

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

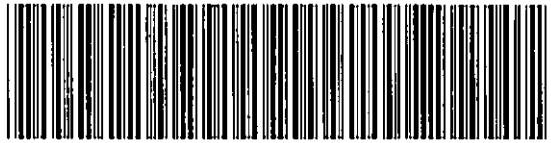
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/10/18--01034--003 **35.00

FILED
2018 OCT 17 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend

OCT 23 2018
I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Emerald Coast Medical Transport, Inc.

DOCUMENT NUMBER: P03000013385

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tommy Scott Williams
Name of Contact Person
Emerald Coast Medical Transport, Inc
Firm/ Company
8006 Highpoint Rd
Address
Panama City, FL 32404
City/ State and Zip Code

emeraldcoasttransport@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tommy Scott Williams at (850) 303-4339
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 24, 2018

TOMMY SCOTT WILLIAMS
8006 HIGHPOINT ROAD
PANAMA CITY, FL 32404

SUBJECT: EMERALD COAST MEDICAL TRANSPORT INC.
Ref. Number: P03000013385

We have received your document for EMERALD COAST MEDICAL TRANSPORT INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

The document must have original signatures.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 818A000199

2018 OCT 17 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 14, 2018

TOMMY SCOTT WILLIAMS
EMERALD COAST MEDICAL TRANSPORT INC
8006 HIGHPOINT ROAD
PANAMA CITY, FL 32404

SUBJECT: EMERALD COAST MEDICAL TRANSPORT INC.
Ref. Number: P03000013385

We have received your document for EMERALD COAST MEDICAL TRANSPORT INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please submit/complete the amendment form in its entirety.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 018A00019210

RECORDED
18 SEP 24 AM 10:07
SECRETARY OF
ALLAHUSSAMU

Articles of Amendment
to
Articles of Incorporation
of

Emerald Coast Medical Transport, Inc

(Name of Corporation as currently filed with the Florida Dept. of State)

P03000013385

(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:

_____ The new 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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: _____, Florida _____
(City) (Zip Code)

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

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:

Change PT John Doe

Remove V Mike Jones

Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>P/CEO</u>	<u>William V Peeke</u>	<u>3541 T Street</u>
<input type="checkbox"/> Add			<u>Panama City, FL 32404</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>V/CFO</u>	<u>Teresa A Peeke</u>	<u>3541 T Street</u>
<input type="checkbox"/> Add			<u>Panama City, FL 32404</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>P/CEO</u>	<u>Tommy Scott Williams</u>	<u>8006 Highpoint Rd</u>
<input checked="" type="checkbox"/> Add			<u>Panama City, FL 32404</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>V/CFO</u>	<u>Jared Schnader</u>	<u>93 Montclair Ave</u>
<input checked="" type="checkbox"/> Add			<u>Santa Rosa Beach, FL 32459</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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 will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

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 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

by _____"
(voting group)

The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated Oct 3, 2018

Signature Teresa A. Pecke

(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)

Teresa A Pecke
(Typed or printed name of person signing)

VCFO
(Title of person signing)