N/200002565

(Re	equestor's Name)				
(Ad	ldress)				
(Ad	ldress)				
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	ısiness Entity Nan	ne)			
(Do	(Document Number)				
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
		!			

Office Use Only



800272342208

aneu

05/06/15--01011--007 **35.00



6/13/15

COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations 2000002565 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Andra | homa 5
(Name of Contact Person) e Support, Inc 11th Place Florida 32641 (City/State and Zip Code) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: S \$35 Filing Fee S S \$43.75 Filing Fee & S □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy is enclosed) Enclosed) Street Address Amendment Section Amendment Section Division of Corporations **Division of Corporations**

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to
Articles of Incorporation
of

FILED

Basic Life Support, Inc.	2015 HAY -6 PM 2: 10			
(Name of Corporation as currently filed with the Florida Dept. of State)	: BUTE TAKEN OF STATE TALLAHASSEE, FLORIDA			
N12000002565	TALLAHASSEE, FEOMS			
(Document Number of Corporation (if known)	10			
Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For 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" or "incorporated	The new			
"Company" or "Co." may not be used in the name.	or the appreviation Corp. or the.			
$\alpha - 21$ NI	- 114. D			

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)

2521 NE 11th Place Gainesville, FL 32641

D. <u>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:</u>

Name of New Registered Agent:

Sherite Thomas

(Florida street address)

New Registered Office Address:

Gainesville

_, Florida <u>32641</u>

(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 agreet the obligations of the position.

Signature of New Registered Agent, if changing

Page 1 of 4

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>m Doe</u>		
X Remove	<u>Y</u> <u>Mi</u>	ke Jones		
X Add	SV Sai	ly Smith		
Type of Action (Check One)	Title	Name		Address
1) Change	RA/A	Remove Shane: add Sherit	Ha Reese e Thomas(v	'P)
Remove				
Kemove				
2) Change				
Add				
		•		
Remove			·	
•				
3) Change		 		
Add				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change	 			
A 11				
Add				
Remove				
6) Change			<u> </u>	
£ 6.				
Add				
Remove				
				

(attach additional sheets, if necessary). (Be specific)							
Ren	ove Res	listred	Agent	Sha	vetta 1	Reese	
Add	Sherit	e Tho	Mas s	95 Reg	istred	Agent -	-Vf
	······································			•		•	
<u>-</u>					· · · · · · · · · · · · · · · · · · ·		
			•			<u>-</u>	
		· · · · · · · · · · · · · · · · · · ·					
	 						
							<u>.</u>
· · · · ·							
·							-
							
<u> </u>							
				-			· - ·
<u>.</u>							
							
<u> </u>	· · · · · · · · · · · · · · · · · · ·						
		••					
							
580-511							

E. If amending or adding additional Articles, enter change(s) here:

The date	The date of each amendment(s) adoption: 4-24-15 late this document was signed. Effective date if applicable: (no more than 90 days after amendment file date)				
Eff					
Ado	option of Amendment(s) (CHECK ONE)				
7	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.				
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.				
	Dated 4-24-15				
	Signature Coul Management				
	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)				
	Andra Thomas				
	(Typed or printed name of person signing) President				
	(Title of person signing)				