## 1-2000088399

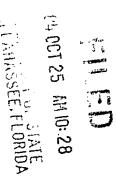
(Re	questor's Name)	
(Ad	dr <b>es</b> s)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	<i>∓</i> #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Do	cument Number)	<del></del>
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
	Office Use On	iv

DATE DOC. EXAM



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Ps 11/3/04

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF	CORPORATION: MOBILITYAIDS, IN	C., dba HERDEGEN USA	
DOCUMEN	T NUMBER: P00000088399		
The enclosed	Articles of Amendment and fee are s	ubmitted for filing.	
Please return	all correspondence concerning this m	atter to the following:	
	Carol Haas		
	(Name of C	ontact Person)	
	Herdegen USA		
	(Firm/ Company)		
	One Walden Way		
	(Ad	dress)	
	Gladwin, Ml. 48624		
	(City/ State/	and Zip Code)	
For further in	formation concerning this matter, ple	ase call:	
*Carol Haas		at (989 ) 426 0909	
	(Name of Contact Person)	(Area Code & Daytime Te	lephone Number)
Enclosed is a	check for the following amount:		
□ \$35 Filing Fe	ce \$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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporat 409 E. Gaines Street Tallahassee, FL 3239	

## Articles of Amendment to Articles of Incorporation of

FILED

04 OCT 25 AM 10: 28

Mobility-Aids, Inc.	STATE
(Name of corporation as current	ly filed with the Florida Dept. of State) ASSEE, FLORIDA
P00000088399	
(Document number	of corporation (if known)
Pursuant to the provisions of section 607.1006, I adopts the following amendment(s) to its Article	
NEW CORPORATE NAME (if changing):	
HERDEGEN USA, INC.	
(Must contain the word "corporation," "company," or "inc (A professional corporation must contain the word "charte	orporated" or the abbreviation "Corp.," "Inc.," or "Co.") red", "professional association," or the abbreviation "P.A.")
AMENDMENTS ADOPTED- (OTHER THA and/or Article Title(s) being amended, added or	N NAME CHANGE) Indicate Article Number(s) deleted: (BE SPECIFIC)
(Attach additio	nal pages if necessary)
	fication, or cancellation of issued shares, provisions d in the amendment itself: (if not applicable, indicate N/A)

(continued)

The date	of each amendmen	t(s) adoption: October 1, 2004
Effective of	date if <u>applicable</u> :	October 1, 2004
	•	(no more than 90 days after amendment file date)
Adoption	of Amendment(s)	(CHECK ONE)
	, ,	was/were approved by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval.
		was/were approved by the shareholders through voting groups. The it must be separately provided for each voting group entitled to vote imendment(s):
	"The number o	f votes cast for the amendment(s) was/were sufficient for approval by
		(voting group)
		was/were adopted by the board of directors without shareholder action tion was not required.
Ø	The amendment(s) shareholder action	was/were adopted by the incorporators without shareholder action and was not required.
Signed this	s 20 day of	October , 2004
	Signature	Man
	(By a select	director, president or other officer - if directors or officers have not been sted, by an incorporator - if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	Car	oi L Haas
	ب	(Typed or printed name of person signing)
	Pres	sident
		(Title of person signing)

FILING FEE: \$35