P00000110240

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Sunshine Medical Equipment and Supply, Inc.

DOCUMENT NUMBER: P00000110240

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

Please return all correspondence concerning this matter to the following:

Pablo Medina
(Name of Contact Person)

Pablo [illegible] Sunshine Medical Equipment and Supply, Inc.
(Firm/ Company)

2071 Saxon Blvd.
(Address)

Deltona, FL. 32725
(City/ State and Zip Code)

For further information concerning this matter, please call:

Pablo Medina at (386) 532-7594
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ $35 Filing Fee
- ☑ $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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

Sunshine Medical Equipment + Supplies, Inc.
(Name of corporation as currently filed with the Florida Dept. of State)

P00000110240
(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:

NEW CORPORATE NAME (if changing):

____

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)

____

____

____

____

____

____

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____

____

(Attach additional pages if necessary)

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

____

____

____

(continued)

ARTICLES OF Amendment

OF

SUNSHINE MEDICAL EQUIPMENT & Supplies, Inc.

I, the undersigned, a natural person acting as incorporator of a corporation under the laws of the State of Florida, adopt the following articles of incorporation:

FIRST

The name of the corporation shall be **Sunshine Medical Equipment & Supply, Inc.**

SECOND

The principal place of business is 2071 Saxon blvd., Deltona, FL 32725 and mailing address is the same.

THIRD

This corporation may engage in or transact any and all lawful activities or business permitted under the laws of the United State, the State of Florida, or any other state, county, territory or nation.

FOURTH

The corporation shall have the authority to issue 1,000 shares of stock.

FIFTH

The address of the initial registered office of the corporation is 2071 Saxon blvd., Deltona, FL 32725, and the name of its initial registered agent at such address is Pablo Medina.

SIXTH

The initial Board of Director shall have one member whose names and address are as follows:

Name	**Address**
Pablo Medina	3360 Morning Dove Dr., Deland, FL 32720

The number of directors may be raised or lowered by amendment of the bylaws of the corporation but shall in no case be less than one.

SEVENTH

The incorporator of this corporation is Pablo Medina whose street address is 3360 Morning Dove Dr., Deland, FL 32720.

Dated 1/7/2007

Incorporator

Having been named as registered agent and to accept service of process for the above stated corporation at he place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provision of all statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.

Dated 1/7/2007

Registered Agent

The date of each amendment(s) adoption: 12/7/2006

Effective date if applicable: 1/7/2007
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

☐ The amendment(s) was/were approved 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.

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)

Pablo Medina
(Typed or printed name of person signing)

CEO
(Title of person signing)

FILING FEE: $35