

P010000116091

Florida Department of State

Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696**FILED**
2009 AUG -5 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**COR AMND/RESTATE/CORRECT OR O/D RESIGN****COMFORT CARE MEDICAL EQUIPMENT & UNIFORMS INC****RECEIVED**
2009 AUG -5 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Certificate of Status	0
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Corporate Filing Menu

Help

Amend
ASR
8/5/09

Articles of Amendment
to
Articles of Incorporation
of

COMFORT CARE MEDICAL EQUIPMENT & UNIFORMS, INC

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

P01000116091

(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**)

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:

BRENDA COUNSELL

10475 SE US HWY 441

New Registered Office Address:

(Florida street address)

BELLEVUE

(City)

Florida 34420

(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]
Signature of New Registered Agent, if changing

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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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>P/T</u>	<u>BORN, CHERIE J</u>	<u>599 SW 87 PLACE</u> <u>OCALA, FL 34476</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>VP-S</u>	<u>HOSCH, SHANNON L</u>	<u>5071 NW 85TH RD</u> <u>CORAL SPRINGS, FL 33067</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>P</u>	<u>COUNSELL, BRENDA</u>	<u>10475 SE HWY 441</u> <u>BELLEVIEW, FL 34420</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an 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)

The date of each amendment(s) adoption: 8/5/09

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(date of adoption is required)

Effective date if applicable: _____

(no more than 90 days after amendment file date)

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 08/05/09

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)

CHERIE BORN

(Typed or printed name of person signing)

P/T

(Title of person signing)

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