P02000002386

questor's Name)			
dress)			
dress)			
//State/Zip/Phone	e #)		
☐ WAIT	MAIL MAIL		
siness Entity Nar	ne)		
cument Number)			
Certificates	s of Status		
Special Instructions to Filing Officer:			
	dress) dress) dress) dress) dress) dress) dress) dress dress) dress d		

Office Use Only



200287983772

07/18/16--01025--014 **43.75

240) = 1/20, N

COVER LETTER

NAME OF CORPOR	00.000	ous Nurse	Inc	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
Name of Contact Person Nitrous Nurse The Finn/ Company 1/5 Crescent Da Address Tort Myers [7] 339/9 City/ State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call: Carol Wirth at (239) 281-6722				
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:				
25 Filing Pc c	\$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)	

TO: Amendment Section

Division of Corporations

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

Articles of Amendment

to

Artick	es of Incorporation of			
Nitrous Nurse	Inc.			
(Name of Corporation as currently filed with the Florida Dept. of State)				
(Document No	umber of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutits Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following amendment(s) to			
A. If amending name, enter the new name of the corpora	tion;			
	The new poration," "company," or "incorporated" or the abbreviation c," or "Co". A professional corporation name must contain the viation "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)	- 1/2 TY			
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office				
Name of New Registered Agent	rtis Wirth			
	Crescent Drive orida street address) Myers Florida 33919 (City) (Zip Code)			
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fit				
Kutis &	Manual Discourse 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: X Change	PI	John Doe	
X Remove	Y	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
l) Change	I	- Carol Wirth AKA Carol Dergo	115 Croscont D
Add		AKA Carol Dergo	port Myers FI
X Remove			83919
2) Change	1	Dr. Kurtis Wirth	115 Crescent &
X Add			fort Myers +
Remove			33919
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
			* · · · · · · · · · · · · · · · · · · ·
6) Change			
Add			
Remove			

Attach additional shee	g additional Art ts, if necessary).	(Be specific)				
······································	 				·	- "

				<u> </u>		
· · · · · · · · · · · · · · · · · · ·						· · · · · · · · · · · · · · · · · · ·
					· · · · · · · · · · · · · · · · · · ·	·
	. ,		 			
 						
 						· · · · · · · · · · · · · · · · · · ·
<u>,</u>						
		<u></u>		 	· · · · · · · · · · · · · · · · · · ·	
f an amendment pro- provisions for imple (if not applicable	menting the ame	hange, reclassi andment if not	fication, or can- contained in the	cellation of issue e amendment its	d shares, etf:	
						
	* *					

The date of each amendment(s) adoption: 7-(2-16	, 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 require document's effective date on the Department of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the by the shareholders was/were sufficient for approval.	e amendment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	
"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 action was not required.	and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action and saction was not required.	hareholder
Dated 7-14-16	
Signature Carol With Deins	
(By a director, president or other officer - if directors or officers I	
selected, by an incorporator – if in the hands of a receiver, trustee	, or other court
appointed fiduciary by that fiduciary)	
Carol Wirth Dergo	
(Typed or printed name of person signing)	
PTSD PSTD	
(Title of person signing)	