## PDZDDDDDU659

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





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03/17/15--01020--002 \*\*43.75

SECRETARY OF STATE DIVISION OF CORPORATIONS

Amendi CC

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOI	RATION: Nationwide BER: P0200000665		Medica	Supply, Inc.
	of Amendment and fee are su		ing.	
Please return all corre	spondence concerning this ma	tter to the foll	owing:	
	Renee Cloud			
		Name of C	Contact Person	n
	Hope Health Ventures, LLC.			
	6605 Nancy Rid		Company	
	San Diego, CA 9		idress	
		City/ State	and Zip Cod	e
clo	ud@trustedmobil	ityrepair	.com	
	E-mail address: (to be us			notification)
For further information	n concerning this matter, pleas	se call:		
Renee Cloud	at	858	436-2199	
Name	of Contact Person	<del></del>	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the	Florida Depa	artment of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 F Certified (Addition enclosed	Copy al copy is	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amo Divi P.O. Tall	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314 0 - 245. 6500		Amend Division Clifton 2661 E Tallaha	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301 - 245. 6500

## **Articles of Amendment** Articles of Incorporation

(Name of Corporation as	currently filed with the Fl	orida Dept. of Stat	<u>te</u> )	_
P02000006659				
(Documer	nt Number of Corporation (if	known)		_
ursuant to the provisions of section 607.  Articles of Incorporation:	1006, Florida Statutes, this I	Florida Profit Corp	oration adopts the following	ng amendme
. If amending name, enter the new na	me of the corporation:			
				The new
ame must be distinguishable and con Corp.," "Inc.," or Co.," or the design ord "chartered," "professional associa	ation "Corp," "Inc," or "C	Co". A professione		
Enter new principal office address, rincipal office address <u>MUST BE A S</u>				<del>-</del>
				_
Enter new mailing address, if applic			cy Ridge Dr.	
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )		San Diego	o, CA 92121	<b>-</b> <b>-</b>
				_
). If amending the registered agent an new registered agent and/or the new			er the name of the	
Name of New Registered Agent	InCorp Services	•		
17888 67th C		ırt	· · · · · · · · · · · · · · · · · · ·	
,	(Florida stre	•		
New Registered Office Address:	North Loxahatch	nee	, Florida 33470	
			(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.

My was notatie Baks on behalf of Incorp Services,
Signature of New Registered Agent, if changing

Inc.

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	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	PST	Carolyn S Sommerfeld	290 Old Dixie Hwy
Add			Vero Beach, FL 32962
Remove	Р	Ronald Demuth	6605 Nancy Ridge Dr.
2) Change Add	<u> </u>	- Nortala Bernatii	San Diego, CA 92121
Remove 3) Change	TS	Renee Cloud	6605 Nancy Ridge Dr.
Add			San Diego, CA 92121
Remove 4) Change			
Add			
Remove			
5) Change		<del></del>	
Remove			
6) Change	<del></del>		
Remove			

E. <u>If amend</u>	ling or adding additional Arti	ticles, enter change(s) here:
	dditional sheets, if necessary).	(ве ѕресіліс)
N/A		
•		
F. <u>If an am</u>	endment provides for an exch	hange, reclassification, or cancellation of issued shares,
<u>provisio</u> (if n	ons for implementing the ame not applicable, indicate N/A)	endment if not contained in the amendment itself:
N/A	or approcuote, maneure imit,	
	***	

The date of each amendmen	t(s) adoption: 02/24/2015	, if other than th
date this document was signed	l.	,
Effective date if applicable:	02/24/2015	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by	"  (voting group)	
	(voting group)	
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder	
Dated_03/	13/2015	
Signature	Vac	
(I	By a director, president or other officer - if directors or officers have not been	
	elected, by an incorporator <u>if in the hands of a receiver, truste</u> e, or other court ppointed fiduciary by that fiduciary)	
-	•	
	Ronald Demuth	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	<del></del>