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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: SOUTHEASTER	N MEDICAL SUPPLY IN	C
DOCUMENT NUMB	ER:		
	of Amendment and fee are su	abmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	JOSE ESCOBEDO		
•		Name of Contact Person	1
:	SOUTHEASTERN MEDIC	AL SUPPLY INC.	
-		Firm/ Company	
	3615 CENTURY BLVD. U.	NIT 1	
•		Address	
	LAKELAND FLORIDA 338	311	
•		City/ State and Zip Cod	e ,
JESC	OBEDO@SOUTHEASTE	RNMS.COM	<b>√</b>
<del> </del>		sed for future annual report	· ·
For further information	concerning this matter, pleas	en call:	
r or turther information	concerning any matter, pieas	se can.	
JOSE ESCOBEDO			607 4495 de & Daytime Telephone Number
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address idment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

SOUTHEASTERN	MEDICAL	SLIPPLY IN	
SOUTHEASTERN	MEDICAL	SUFFERIN	· U .

(Name	of Corporation as currently	filed with the Florida Dept	of State)
P02000010352			
	(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006. Florida Statutes, this F	lorida Profit Corporation ac	lopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
			The new
name must be distinguishable and con "Corp." "Inc.," or Co.," or the design word "chartered," "professional associa	uation "Corp." "Inc." or "C	o". A professional corpore	
B. Enter new principal office address,			
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS )		
			18
C. Enter new mailing address, if appl (Mailing address MAY BE A POST			
(Mining address MAT BL ATOST	OTTICL BOX		
			- <del>9</del>
D. If amending the registered agent ag	ıd/or registered office addre	ss in Florida, enter the nan	90
new registered agent and/or the ne			<del></del>
Name of New Registered Agent	JOSE ESCOBEDO		
	3615 CENTURY BLVD. L	INIT 1	
		t address)	
New Registered Office Address:	LAKELAND		33811 . Florida
Sen Registered Office Address.		ity)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regis	hanging Registered Agent:	th and account the obligation	r of the position
т негелу иссерстве арронители их гедіх	истеа а <u>д</u> ень. — гат јативаг wi	и ана иссерств отгушол.	s от те ромаон.
	Signature of New Reg	<del>-</del> (5	
,	Signature of New Re	gistered 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.

X Change	<u>PT</u> <u>John</u>	n Doe	
$\underline{X}$ Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	ELEANOR M METHOT	851 N SURF RD
Add			#202
X Remove			hOLLYWOOD FL 33019
2) Change	٧	CELESTE M METHOT	326 OKLAHOMA STREET
Add			HOLLYWOOD FL 33019
X Remove			
3) Change	ST	MICHELE M FUCHS	6351 NE 175 AVENUE
Add			WILLISTON FL 32696
X Remove			
4) Change	Р	JOSE ESCOBEDO	3615 CENTURY BLVD
Add			UNIT 1
Remove			LAKELAND FL 33811
5) Change	V	JENNIFER ESCOBEDO	3615 CENTURY BLVD
X Add			UNIT 1
Remove			LAKELAND FL 33811
6) Change			
Add			
Remove			

If amending or adding additional Arti- (Attach additional sheets, if necessary).	(Be specific)
	<del></del>
·	
If an amondment provides for an exchange	nange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other than the
date this document was signed JULY 6 2018	
Effective date if applicable:	
tho more than 90 days after ame	endment file date)
Note: If the date inserted in this block does not meet the applicable statutory fidocument's effective date on the Department of State's records.	iling requirements, 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 by the shareholders was/were sufficient for approval.	s cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groumust be separately provided for each voting group entitled to vote separately of	
"The number of votes cast for the amendment(s) was/were sufficient for a	pproval
by	,
(voting group)	
<ul> <li>□ The amendment(s) was/were adopted by the board of directors without shareho action was not required.</li> <li>■ The amendment(s) was/were adopted by the incorporators without shareholder</li> </ul>	
action was not required.	
JULY 6, 2018 Dated	
Signature 7 - 6 / 6	
(By a director, president or other officer – if directors selected, by an incorporator – if in the hands of a rece appointed fiduciary by that fiduciary)	or officers have not been
(Typed or printed name of person s	scohedo
(Typed or printed name of person s	signing)
President	
(Title of person signing	<u>;</u> )