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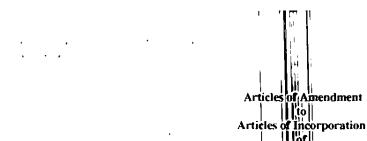
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COVER LETTER TO: Amendment Section Division of Corporations TLC OXYGEN & MEDICAL SUPPLIES, INC. NAME OF CORPORATION: P02000082697 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing Please return all correspondence concerning this matter to the following: Robert LaParl Name of Contact Person Firm/Company 5551 Point Tremble Address Algonac, MI 48001 City/ State and Zip Code KPITTER21@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Robert LaParl 270-6275 Name of Contact Person Ärea Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the florida Department of State: \$35 Filing Fee **□\$43.75** Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301



Articles of	Incorporation
·	of
TLC OXYGEN & MEDICAL SUPPLIES, INC	
(Name of Corporation as curr	ently filed with the Florida Dept, of State)
P02000082697	
(Document Numb	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	
name must be distinguishable and contain the word "corpor" "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
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)	TA TO THE TIME TO THE TABLE TO
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office add	
Name of New Registered Agent	
ı	
	a street address)
New Registered Office Address:	
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am famili	ent: iat with and accept the obligations of the position.
	Registered Agent, if changing

address of each Officer (Attach additional sheets. Please note the officer/dit P = President; V = Vice (Executive Officer; CFO) held. President. Treasure Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove	and/or D , if necess rector titl President = Chief I r, Directo in the folives the co	irector being added: ary) e by the first letter of the c ; T = Treasurer; S = Secre inancial Officer. If an oper would be PTD. llowing manner. Current orporation, Sally Smith is	office title: etary: D= Director; officer director holds ly John Doe is listed	officer/director being removed and title, name, and TR= Trustee; C = Chairman or Clerk; CE() = Chief is more than one title, list the first letter of each office as the PST and Mike Jones is listed as the V. There is These should be noted as John Doe, PT as a Change,
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)	<u>Title</u>	<u>Name</u>		Address
1) Change	D	Robert LaParl		5551 Point Tremble
Add X Remove				Algonac, MI 48001
2) Change Add Remove 3) Change		-		
Add Remove 4) Change				
Add				
5) Change Add Remove				
6) Change Add				

Page 2 of 4

__ Remove

	[11387 8
E. If amending or adding additional Articles, ente	er change(s) here:
(Attach additional sheets, if necessary). (Be spe	ecific)
	14 th 1.
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F. If an amendment provides for an exchange, rec	
 If an amendment provides for an exchange, recognitions for implementing the amendment in 	if not contained in the amendment itself;
(if not applicable, indicate N/A)	
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	Page 3 of 4
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	,		
	October 2, 201	7	
The date of each amendment date this document was signed.			, if other than the
•	October 2, 2017		
Effective date if applicable:	(no more t	han 90 di	ays after amendment file date)
Note: If the date inserted in a document's effective date on the			c statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	19111	
The amendment(s) was/wer by the shareholders was/we		The nu	inber of votes cast for the amendment(s)
☐ The amendment(s) was/wer	e approved by the shareholder	rs through	voting groups. The following statement
must be separately provide	d for each voling group entitl	ed lo voli	e separately on the amendment(s):
"The number of votes	cast for the amendment(s) was	as/w ęrę si	 ufficient for approval
bv			**
	(voting group)		
☐ The amendment(s) was/wer action was not required.	re adopted by the board of dire	ectors wit	hout shareholder action and shareholder
action was not required.	per 2, 2017	s without	shareholder action and shareholder
(B	y a director, president or other lected, by an incorporator – if pointed fiduciary by that fiduc Robert LaParl	in the ha	if directors or officers have not been inds of a receiver, trustee, or other court
	(Typed or pri	inted nam	le of person signing)
	Director		
	(Title of p	erson signing)
		Page	4 of 4