

P03000043518

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies ☒

Certificates of Status ☒

Special Instructions to Filing Officer:

Office Use Only



900028143269

02/06/04--01046--016 **52.50

FILED
04 FEB 20 PM 3:19
FEB 20 2004
FEB 20 2004

Amend
T. Lewis 2/20/04

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SANTE MEDICAL SERVICES, INC

DOCUMENT NUMBER: P03000043518

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

KYLE SELLERS

(Name of Person)

SANTE MEDICAL SERVICES, INC

(Name of Firm/ Company)

17150 COLLINS AVE. SUITE 101-323

(Address)

SUNNY ISLES BEACH, FL 33160

(City/ State/ and Zip Code)

For further information concerning this matter, please call:

MARK PUZIS

(Name of Person)

at (786) 443-3773

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☐ \$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)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

February 12, 2004

KYLE SELLERS
SANTE MEDICAL SERVICES, INC.
17150 COLLINS AVE., SUITE 101-323
SUNNY ISLES BEACH, FL 33160

SUBJECT: SANTE MEDICAL SERVICES, INC.
Ref. Number: P03000043518

We have received your document for SANTE MEDICAL SERVICES, INC. and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Document need officer signature.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 704A00009604

Articles of Amendment
to
Articles of Incorporation
of

SANTE MEDICAL SERVICES, INC

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

P03000043518

(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:

NEW CORPORATE NAME (if changing):

(must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

DELETE MARK PUZIS AS PRESIDENT, DIRECTOR.

ADD KYLE SELLERS AS PRESIDENT, DIRECTOR (17150 COLLINS AVE, # 101-323,

SUNNY ISLES BEACH, FL 33160).

CHANGE REGISTERED AGENT FOR CORPORATION FROM SHAPIRO IRA TO KYLE SELLERS

(17150 COLLINS AVE, SUITE 101-323, FL 33160).

(Attach additional pages if necessary)

If an amendment provides for 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)

N / A

(continued)

FILED
04 FEB 20 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The date of each amendment(s) adoption: 02 / 02 / 2004

Effective date if applicable: _____
(no more than 90 days after amendment file date)


Adoption of Amendment(s) **(CHECK ONE)**

- ☐ The amendment(s) was/were approved 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.

Signed this 02 day of FEBRUARY, 2004.

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)

MARK PUZIS

(Typed or printed name of person signing)

PRESIDENT, DIRECTOR

(Title of person signing)

FILING FEE: \$35

The name of corporation: SANTE MEDICAL SERVICES, INC

To Whom It May Concern:

I hereby acknowledge that I am familiar with and accept the duties and responsibilities as register agent for said corporation.

Best regards,

Kyle Sellers

Signature 