

PD3000043518

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

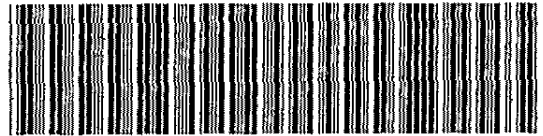
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000039638240

08/02/04--01040--025 **52.50

FILED
04 SEP 20 PM 12:09
CLERK OF STATE
TALLAHASSEE, FLORIDA

Res - 8/10/04

Ps 9/20/04



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 6, 2004

ADEL CHACHATI
SANTE MEDICAL SERVICES, INC.
8030 NE 5 AVE
MIAMI, FL 33138

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

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

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.")

The registered agent must sign accepting the designation.

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) 245-6957.

Pamela Smith
Document Specialist

Letter Number: 804A00049109

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:

ADEL CHACHATI

(Name of Person)

SANTE MEDICAL SERVICES, INC

(Name of Firm/ Company)

8030 NE 5 AVE

(Address)

MIAMI, FL 33138

(City/ State/ and Zip Code)

For further information concerning this matter, please call:

ADEL CHACHTI

(Name of Person)

at (786) 302-2221

(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

Articles of Amendment
to
Articles of Incorporation
of

FILED

04 SEP 20 PM 12:09

SANTE MEDICAL SERVICES, INC

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

DEPT. OF STATE
TALLAHASSEE, FLORIDA

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 KYLE SELLER AS PRESIDENT, DIRECTOR

ADD ADEL CHACHATI AS PRESIDENT, DIRECTOR (8030 NE 5 AVE, MIAMI, FL 33183)

CHANGE REGISTRATION AGENT FOR CORPORATION FROM KYLE SELLERS

TO ADEL CHACHATI (8030 NE 5 AVE, MIAMI, FL 33183)

(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)

The date of each amendment(s) adoption: 07 / 10 / 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 10 day of JULY, 2004

Signature

Kyle Sellers
(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)

KYLE SELLERS

(Typed or printed name of person signing)

PRESIDENT, DIRECTOR

(Title of person signing)

FILING FEE: \$35

SANTE MEDICAL SERVICES, INC.

July 1, 2004

PLEASE TAKE NOTICE:

EFFECTIVE IMMEDIATELY, I, ADEL CHACHATI, accept the duties and responsibilities as registered agent of SANTE MEDICAL SERVICES, INC , 8030 NE 5 AVE, Miami, FL 33138.

Dated: July 1, 2004


ADEL CHACHATI