

P03000137132

(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



400057583684

07/25/05--01021--022 **52.50

FILED
05 JUL 25 AM 10:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend

T BROWN JUL 26 2005

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Sunlight Medical Supplies
DOCUMENT NUMBER: P03000137132

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

Please return all correspondence concerning this matter to the following:

Odalys Garcia
(Name of Contact Person)
Sunlight Medical Supplies, Inc.
(Firm/ Company)
400 SW 107 Ave, Ste 404
(Address)
Miami, FL 33174
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Odalys Garcia at (305) 220-9111
(Name of Contact Person) (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

Sunlight Medical Supplies, Inc.
(Name of corporation as currently filed with the Florida Dept. of State)

FILED
05 JUL 25 AM 10:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P03000137132

(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.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

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

Delete Karla Rodriguez is no longer
the vice-president/Registered Agent
the newly appointed Vice-President/Registered Agent
will be:

Odalys Garcia
400 SW 107 AVE #404
Miami, FL 33174

(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)

The date of each amendment(s) adoption: 7/19/05

Effective date if applicable: 7/19/05
(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 19th day of July, 2005.

Signature

Marta De Cardenas
(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)

Marta De Cardenas

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE: \$35

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Sunlight Medical Supplies, Inc.
2. The principal office address: 400 SW 107 AVE. #404
Miami, FL. 33174
3. The mailing address (if different): Same

4. Date of incorporation/qualification: 11/20/03 Document number: PD3000137132

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Karla Rodriguez
400 SW 107 AVE. Ste 404
Miami, FL. 33174

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Odalys Garcia
400 SW 107 AVE Ste 404
(P.O. Box NOT acceptable)
Miami, FL. 33174

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
(Signature of an officer or director)

Marta De Cardenas, President
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

7/19/05
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314