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G. Coullistes MAR 0 2 2004

## TRANSMITTAL LETTER

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

SUBJECT: 6	fficer and or	unership	change	
DOCUMENT NU	MBER: ρ	03000157	981	
The enclosed Artic	eles of Amendment and fe	ee are submitted	for filing.	
Please return all co	orrespondence concerning	this matter to th	e following:	
	£	Yan Gr (Name of Person)	aves	
	Advanced (Na	Medical me of Firm/Compa	Supply 1	<u>νε·</u>
	1915	Welby W	Day Suite	В
	Tallaha (Cit	Ssee, FL y/State/ and Zip Co	32308 ode)	
For further inform	ation concerning this mat	ter, please call:		
	Ryan (saves (Name of Person)		50 42 Arca Code & Daytim	2 - 3777 e Telephone Number)
□ \$35 Filing Fee	k for the following amoun  ☐ \$43.75 Filing Fee &  Certificate of Status	□ \$43.75 Certif (Addi	5 Filing Fee & ied Copy tional copy is osed)	☐ \$52.50 Filing Fee Certificate of Statu Certified Copy (Additional Copy is enclosed)
Mailing A Amendmen Division of	nt Section f Corporations	Amend Division	Address ment Section n of Corporations Gaines Street	

Tallahassee, FL 32399

Articles of Amendment to Articles of Incorporation of

Advanced Medical Supply Inc.  (Name of corporation as currently filed with the Florida Dept. of State)
(Name of corporation as currently filed with the Florida Dept. of State)
(Name of corporation as currently filed with the Florida Dept. of State)  POS OOO   5798    (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:
(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):
The state of the s
(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)
The Officers of the corporation, their title, home address
and percentage ownership are as follows: Scott Dulworth,
President, 9477 Buckhaven Trail Tallahassee, Florida 32317
20%; Terry Graves, Vice President, 2274 Cobb Dri
Tallahassee, Florida 32312, 40%; Ryan Graves,
Treasurer and Secretary, 2274 Cobb Drive Tallahassee
Florida 32312 40%.
(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)

(continued)

The date of each amendment(s) adoption: 02/24/04
The date of each amendment(s) adoption:  O2/24/04  Effective date if applicable:  (no more than 90 days after amendment file date)
(no more man ye any barrer annument the anti-
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 24th 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)
Puga Graves
(Typed or printed name of person signing)
,
Treasurer Secretary (Title of person signing)

FILING FEE: \$35