

P04000007889

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

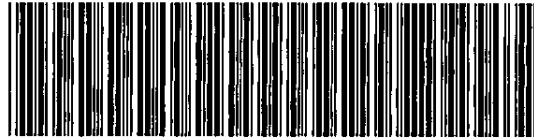
(Business Entity Name)

(Document Number)

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03/26/07--01024--011 **35.00

07 APR -4 PM 1:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

N.C.

C. Coultas APR 04 2007

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Assisted Living Medical Supplies

DOCUMENT NUMBER: PO4000007889

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

Please return all correspondence concerning this matter to the following:

Brenda Aiken

(Name of Contact Person)

Assisted Living Medical Supplies

(Firm/ Company)

2173 SW Monterrey Lane

(Address)

Port St Lucie, Fl. 34953

(City/ State and Zip Code)

For further information concerning this matter, please call:

Brenda Aiken

(Name of Contact Person)

at (772) 621-8659

(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 28, 2007

BRENDA AIKEN
ASSISTED LIVING MEDICAL SUPPLIES INC.
2173 SW MONTERREY LANE
PORT ST LUCIE, FL 34953

SUBJECT: ASSISTED LIVING MEDICAL SUPPLIES INC.
Ref. Number: P04000007889

We have received your document for ASSISTED LIVING MEDICAL SUPPLIES INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Are you trying to change a corporation name or a fictitious name? You are showing a fictitious name document number but you are using a corporation amendment form? Which one are you needing to file? Any questions about this, please call me at the number shown below.

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) 245-6903.

Cheryl Coulliette
Document Specialist

Letter Number: 007A00021186



07 APR-4 AM 8:00

Section of Circuits

Articles of Amendment
to
Articles of Incorporation
of

Assisted Living Medical Supplies **INC.**

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

P04000007889

(Document number of corporation (if known))

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 APR -4 PM 1:57

APPROVED
AND
FILED

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):

Pac Rep Inc.

(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)**

(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: 3/21/07

Effective date if applicable: 5/01/07
(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.

Signature Brenda Aiken
(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)

Brenda Aiken
(Typed or printed name of person signing)

President/Owner
(Title of person signing)

FILING FEE: \$35