

P04000036740

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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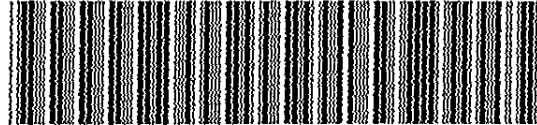
(Business Entity Name)

(Document Number)

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04 JUL -8 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend

TB

7/16

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Marshall Medical Technology Solutions Group, Inc.

DOCUMENT NUMBER: P04000036740

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

Please return all correspondence concerning this matter to the following:

Scott Alexander

(Name of Person)

Marshall Medical Technology Solutions Group, Inc.

(Name of Firm/ Company)

P.O. Box 940217

(Address)

Maitland, FL 32794-0217

(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Scott Alexander

(Name of Person)

at (407) 539-2260

(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 JUL -8 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Marshall Medical Technology Solutions Group, Inc.
(Name of corporation as currently filed with the Florida Dept. of State)

P04000036740

(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)**

Change Principal Address to: 707 Nicolet Ave. #102, Winter Park, FL 32789

Change Mailing Address to: P.O. Box 940217, Maitland, FL 32794

Change Registered Agent to: Scott Alexander

707 Nicolet Ave. #102, Winter Park, FL 32789

Change Officer/Director Detail: Scott Alexander, President (new title)

P.O. Box 940217, Maitland, FL 32794

Change Officer/Director Detail: Michael Coburn, Vice President (new title)

2805 Mayflower Loop, Clermont, FL 34711

(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

The date of each amendment(s) adoption: July 2, 2004

Effective date if applicable: July 2, 2004
(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):*

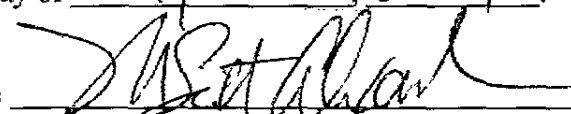
"The number of votes cast for the amendment(s) was/were sufficient for approval by _____"
(voting group)

- ☐ 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 2 day of July, 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)

SCOTT ALEXANDER

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILING FEE: \$35