

PO4000067785

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

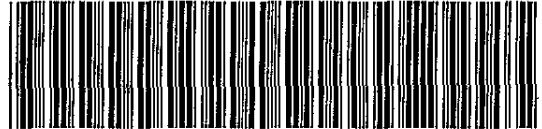
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700041560587

11/01/04--01050--011 **52.50

FILED
04 NOV -1 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend
© Ouellette NOV 10 2004

COVER LETTER

**TO: Amendment Section
Division of Corporations**

NAME OF CORPORATION: ORTHOVATIONS, INC

DOCUMENT NUMBER: P04000067785

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

Please return all correspondence concerning this matter to the following:

DAVID J. ROESSLER
(Name of Contact Person)

ORTHOVATIONS, INC
(Firm/ Company)

5418 BIRCHBEND LOOP
(Address)

OVIEDO, FL 32765
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

DAVID J. ROESSLER at (407) 677-0110
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input checked="" type="checkbox"/> \$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

ORTHOVATIONS, INC

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

PO4000067785

(Document number of corporation (if known))

FILED
04 NOV - 1 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FL 32399

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)**

ARTICLE VII - CHANGE OF OFFICERS - TITLE: P

DAVID J. ROESSLER

5418 BIRCHBEN LOOP

OVIEDO, FL 32765

TITLE: S/T

CHRISTOPHER D. BERTIN

5418 BIRCHBEN LOOP

OVIEDO, FL 32765

5418 BIRCHBEN LOOP

ARTICLE II - PLACE OF BUSINESS ADDRESS -
AND MAILING ADDRESS

OVIEDO, FL 32765

ARTICLE V - NAME & FL STREET ADDRESS -
OF REGISTERED AGENT

DAVID J. ROESSLER

5418 BIRCHBEN LOOP

OVIEDO, FL 32765

(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: OCTOBER 25, 2004

Effective date if applicable: OCTOBER 25, 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 25th day of October, 2004.

Signature

David J. Ruesslen
(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)

DAVID J. RUESSLEN

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILING FEE: \$35

EXHIBIT A

October 25, 2004

Florida Department of State
409 E. Gaines Street
P.O. Box 6327
Division of Corporations
Tallahassee, FL 32399

Orthovations, Inc.
5418 Birchbend Loop
Oviedo, FL 32765

Dear Division of Corporations,

Please find the attached completed forms to amend the articles of incorporation for ORTHOVATIONS, INC (Document Number: P04000067785).

Furthermore, per the Department of the State Official's instructions find the following change below for the registered agent of ORTHOVATIONS, INC.

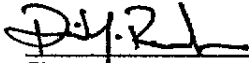
Current Registered Agent and Office on File with the Florida Department of State:

Dipak A. Rajhansa
2848 Aloma Lakes Run
Oviedo, FL 32765

New Registered Agent and Office:

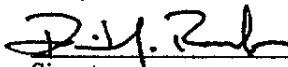
David J. Roessler
5418 Birchbend Loop
Oviedo, FL 32765

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

DAVID J. ROESSLER
Printed: David J. Roessler, President

I hereby accept the appointment as registered agent and agree to act in its 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.


Signature

OCTOBER 25, 2004
Date

I am signing of behalf of my own identity:

DAVID J. ROESSLER
Printed: David J. Roessler, President

Enclosures: Check Payable to Florida Department of State in the amount of \$52.50 per State Official's Instructions.