

P04000137669

Florida Department of State
Division of Corporations
Electronic Filing Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H17000125849 3)))



H170001258493ABC4

Note: DO NOT hit the REFRESH/RBLOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
INTEGRAL EMERGENCY SOLUTIONS, INC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

RECEIVED

17 MAY -8 PM 3:53

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 MAY -8 P 12:50

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

MAY 09 2017

T. J. EMERY

H17000125844

Articles of Amendment
to
Articles of Incorporation
of

INTEGRAL EMERGENCY SOLUTIONS, INC.

Florida Document Number: PD4000139669

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

CHANGE ARTICLE III The initial officer and or
director

Title: P

NATHR F. VARGAS

6993 NW 82 AVE - Box # 30
Miami FL 33166

Remove: Carlos D Rando as (P)

These articles of amendment were adopted on 05/08/17

The corporation has only one group of voting stock. This amendment was approved by the shareholders and the number of votes cast for amendment was sufficient for approval.

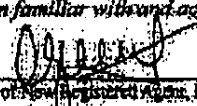

Signature

NATHR FABIOLA VARGAS (P)

Printed Name and Title

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of this position.


Signature of New Registered Agent, if changing

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 MAY -8 P 12:50

FILED

H17000125849