P05000018443

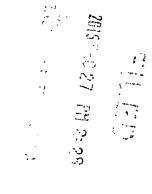
(Re	questor's Name)	•
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PICK-UP	☐ WAIT	MAIL.
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Amend

DEC 3 0 2016

I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: SOUTHPOINTE S	URGICAL SUPPLY, INC.	
DOCUMENT NUMB	ER:		
The enclosed Articles of	of Amendment and fee are sul	bmitted for filing.	
Please return all corresp	pondence concerning this mat	ter to the following:	
	Nancy Glicksman		
•		Name of Contact Person	
	SOUTHPOINTE SURGICAL	L SUPPLY, INC.	
-		Firm/ Company	
	166 NW 110 Way		
-		Address	
	Coral Springs, FL 33071		
- -		City/ State and Zip Code	
gglick	@southpointesurgical.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Nancy Glicksman		at (636-9960
Name o	of Contact Person	Arca Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
■ \$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)
Ame Divis P.O.	ndment Section sion of Corporations Box 6327 thassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

SOUTHPOINTE SURGICAL SUPPLY, INC.

(Name of Corporation as	s currently filed with the Florida Dept. of State)
P05000018643	
(Document)	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	stutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corpor	ration:
	The new
name must be distinguishable and contain the word "c "Corp.," "Inc.," or Co.," or the designation "Corp.," "I word "chartered," "professional association," or the abbr	corporation," "company," or "incorporated" or the abbreviation Inc," or "Co". A professional corporation name must contain the reviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	(22)
C. Enter new mailing address, if applicable:	20
(Mailing address MAY BE A POST OFFICE BOX)	
	- American Company Com
D. If amending the registered agent and/or registered o	
new registered agent and/or the new registered offic	ce address:
Name of New Registered Agent	<u> </u>
	(Florida street address)
New Registered Office Address:	, Florida (City) (Zip Code)
Now Desistand Assetts Signature 16 sharping Desistant	
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	
Signature	e of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	DVT	GARY GLICKSMAN	166 NW 110 WAY
Add			CORAL SPRINGS, FL 33071
X Remove			
2) Change			
Add			
Remove			
3) Change	····	_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Artic (Attach additional sheets, if necessary).	les, enter change(s) (Be specific)	<u>here</u> :		
	<u> </u>			
	<u> </u>	<u> </u>		
				
			· · · ·	
	.		·	
F. If an amendment provides for an exchaprovisions for implementing the amer	ange, reclassification	n, or cancellation of ned in the amendmo	issued shares, ent itself:	
(if not applicable, indicate N/A) Nancy Glicksman 100% Shares	Please	change	share	allocation
Gary Glicksman 0% Shares				
			,	
				
		<u></u>		

The date of each amendment(s) adoption date this document was signed.	otion:, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Note: If the date inserted in this bloc document's effective date on the Depa	ck does not meet the applicable statutory filing requirements, this date will not be listed as the rtment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were adopte by the shareholders was/were suffice	ed by the shareholders. The number of votes east for the amendment(s) cient for approval.
	ved by the shareholders through voting groups. The following statement sich 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)
	(voting group)
☐ The amendment(s) was/were adopte action was not required.	ed by the board of directors without shareholder action and shareholder
■ The amendment(s) was/were adopte action was not required.	ed by the incorporators without shareholder action and shareholder
Dated_Dec	ember 23,2016
Signature Adio	ctor, president or other officer – if directors or officers have not been
selected, I	by an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)
_	Nancy Gicksman (Typed or printed name of person signing)
·	President (Title of person signing)