



**Articles of Amendment  
to  
Articles of Incorporation  
of**

Shelby Trans Inc. t/k/a Shelby Medical Incorporated

\_\_\_\_\_  
**(Name of Corporation as currently filed with the Florida Dept. of State)**

Shelby Medical Incorporated

\_\_\_\_\_  
(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:

**A. If amending name, enter the new name of the corporation:**

Shelby Trans Inc.

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**  
**(Principal office address MUST BE A STREET ADDRESS)**

3044 Cypress Creek Drive East

Ponte Vedra Beach, Florida 32082

**C. Enter new mailing address, if applicable:**  
**(Mailing address MAY BE A POST OFFICE BOX)**

830 A1A North

Suite # 13-119

Ponte Vedra Beach, FL 32082

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office Address: \_\_\_\_\_ Florida \_\_\_\_\_  
(City) (Zip Code)

**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 the position.*

\_\_\_\_\_  
*Signature of New Registered Agent, if changing*

**Check if applicable**

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

**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:**

Change                      PT      John Doe

Remove                         V        Mike Jones

Add                                SV      Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____



The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- The amendment(s) was/were adopted 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)

Dated December 20, 2023 \_\_\_\_\_

Signature DocuSigned by:  
John S. Spaulding \_\_\_\_\_  
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)

John S. Spaulding  
\_\_\_\_\_  
(Typed or printed name of person signing)

President  
\_\_\_\_\_  
(Title of person signing)

Please refund us for  
this deposited check on  
rejected filing.

Date: 01/17/2024  
Amount: 35.00  
Check Number: 0000037811  
Account Number: x4212  
Account Name: Operating Acct

**FISHER TOUSEY**

ATTORNEYS AT LAW  
501 RIVERSIDE AVE., SUITE 700  
JACKSONVILLE, FL 32202



83 9202/670

37811  
FDSC

Thirty-five Dollars 00/100 \*\*\*\*\* DATE 12/22/2023 AMOUNT \$35.00

PAY TO THE ORDER OF Florida Department of State, Div. of Corporations  
Public Access Accounts  
P.O. Box 6327  
Tallahassee, FL 32314

FISHER TOUSEY  
GENERAL ACCOUNT



*[Signature]*  
AUTHORIZED SIGNATURE

⑆037811⑆ ⑆067092022⑆009064004212⑆

ENDORSE HERE

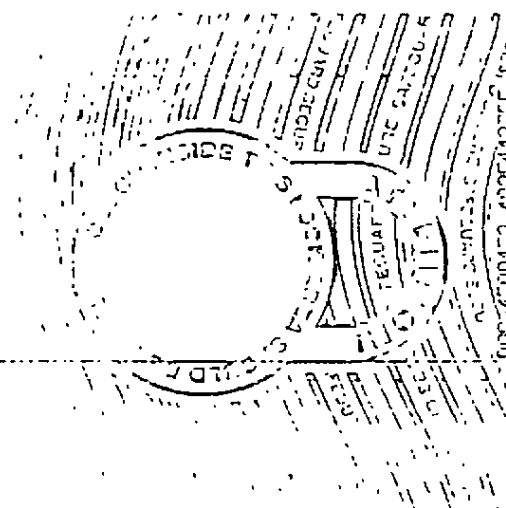
CHECK HERE FOR MOBILE OR REMOTE DEPOSIT ONLY

NAME OF FINANCIAL INSTITUTION DATE

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE  
RESERVED FOR FINANCIAL INSTITUTION USE

900-60010-42711/101  
DEPOSIT ONLY \$35.00

000-4200433-483544355



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- Security Features:
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  - Microprinting
  - Watermark
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  - Anti-Copy Technology

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February 16, 2024

**VIA OVERNIGHT DELIVERY**

Division of Corporations  
Amendments Section  
Attn: Anissa Butler  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Re: Shelby Trans Inc. f/k/a Shelby Medical Incorporated (the "*Company*")  
FL Document No.: P05000062390

Dear Ms. Butler:

As per our conversation on Friday, February 16, 2024, enclosed are two duplicates copies of the Corporate Reinstatement for the above-mentioned corporation, along with this firm's check number 37946 in the amount of \$1,950.00, which represents the reinstatement fee of \$600.00 and the 2016 thru 2024 annual report fees of \$1,350.00.

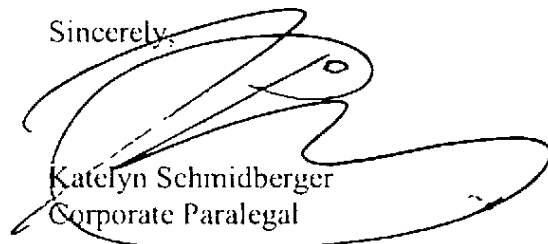
Also enclosed are the Articles of Amendment to the Articles of Incorporation changing the name of the Company, as well as a check (No: 37945) for the \$35.00 filing fee.

After filing, please refund us the \$35.00 filing fee for deposited check number 37811, of which a copy is enclosed.

Once the Reinstatement is filed, please return one filed Reinstatement to me in the provided self-addressed stamped envelope.

If you have any questions regarding this matter, please do not hesitate to contact me.

Sincerely,



Katelyn Schmidberger  
Corporate Paralegal

KCS/2082700  
Enclosures