(Requ	uestor's Name)	·
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COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations S&T MEDICAL SUPPLY, INC. 05000062682 NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: 11054 S. MILITARY TRAIL

BOYNTON BEACH, FE 33436

City/ State and Zip Code INFO @ SEMOBILITY. COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: STEVEN J. WHITCOMB at (561) 596-1040 Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

FILED

to Articles of Incorporation

16 SEP -6 AH 10: 51

to

·	Articles of Incor	poration _	10 31	T TO APPROVAT
5 & T	MEDICA	z Sui	PPLYJALL	NC. HARA
	tion as currently f			
Pos	50000	62686	2	
(Docu	ıment Number of C	orporation (if kn	own)	
ursuant to the provisions of section 607.1006, Flories Articles of Incorporation:	da Statutes, this Fla	orida Profit Corp	ooration adopts th	e following amendmen
•				
If amending name, enter the new name of the	corporation:	/_		
		<u> </u>		The new
ame must be distinguishable and contain the we Corp.," "Inc.," or Co.," or the designation "Cor ord "chartered," "professional association," or th	p," "Inc," or "Co	". A profession	r "incorporated" al corporation na I	or the abbreviation me must contain the
Enter new principal office address if applicab	lo.	1	1/A	
 Enter new principal office address, if applicab Principal office address MUST BE A STREET AD 			/-1	
Enter new mailing address, if applicable:		1	//4	
(Mailing address <u>MAY BE A POST OFFICE B</u>	<u>OX</u>)		///	
	-			
. If amending the registered agent and/or regist	ered office address	s in Florida, ent	er the name of th	e
new registered agent and/or the new registered		/		-
Nama of Nau Posistaned Asset	N	/A-		
Name of New Registered Agent		<u> </u>		
	(Florida street	address)		
New Registered Office Address:			, Florid	a
•	(Ci	tv)	<u> </u>	(Zip Code)
ew Registered Agent's Signature, if changing Re	egistered Agent:			
hereby accept the appointment as registered agent.	I am familiar with	and accept the	obligations of the	position.
•				
Sig	nature of New Regi	istered Agent, if a	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	PT John	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	SV Sally	Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address STEPHENB. LILLER
1) Change	T, D	STEPHEN B. LILLER	6524 PAUL MM DR
Add			LANTANA, FZ 33462
Remove		4	
2) Change	$\overline{\mathcal{D}}$	ALASTAIR W. GEDDES	ALASTAIR W. GEDDES
Add			102 HALF MOON CIR APTB3
Remove	7	ALAN J. MARLOWE	HYPOLUXO, FZ 33462
3) Change	<u> </u>	HLAN J. MAKLOWE	ALAN J. MARLOWE
Add			PAZMBENACH GANDENS R 133418
Remove	•	.4 , [1]	
4) X Change	VP,T,D	MARY L. WHITCOMB	MARY L. WHITCOMB
Add		,	11054 S. MILITARY TR
Remove			BOYNTON BEACH, FZ 33434
5) Change			<u> </u>
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
· · · · · · · · · · · · · · · · · · ·	·
· · ·	
· · · · · · · · ·	
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

The date of each amendment(s) adoption:	_, if other than the
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 document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
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)	
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. Dated Signature Signature	
Signature (By a director, president or other officer – if directors or officers have not been	<u> </u>
selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary) STEVEN J. WHITCOMB	ı
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	