P05000126759

(Re	questor's Name)	
(Ad	dress)	_
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(Cit	ty/State/Zip/Phone	; #)
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SECRUTARY OF STATE
FALLAHASSEL FLORIDA

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C. LEWIS

MAR 1 3 2014

EXAMINER



COVER LETTER

TO: Amendment Section Division of Corporations

	ATION: Center for E		s, Inc.
DOCUMENT NUMBI	ER: P0500012675	9 	·· ···································
The enclosed Articles of	f Amendment and fee are sub	omitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
1	Mindy Posner		
-		Name of Contact Person	
(Center for Diabeti	ic Supplies, Inc.	
••		Firm' Company	
	210 NE 6th Aveni	ue, Suite 102	
-		Address	
ļ	Delray Beach, Flo	orida 33483	
-		City: State at d Zip Code	• (184)
main	dun Oppedante al		
min	dyp@cadcomed.	com	
	h-mail address: to be us	ed for future annual report	nottication)
For further information	concerning this matter, pleas	e call:	
Mindy Posner	r	_{ar (} 561	265-4484 de & Daytime Telephone Number
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	utnient of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filling Fee & Certified Copy (Addition deopy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
Mai	ling Address	Street	<u>Address</u>
***************************************	endment Section	Ameno	lment Section
Divi	sion of Corporations		on of Corporations
	Box 6327		i Building
Tall	ahassee FL 32314	2661 3	Executive Center Circle

Tallahassee, FL 32301

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Articles of Amendment to Articles of Incorporation of

14 MAR 13 PM 2:55

SECRETARY OF STATE TALLAHASSEE, PLORIDA

Center for Diabetic Supplies, In	1C.		*********
(Name of Corporation as currently	filed with the Florida Dept.	of State)	•
P05000126759			
(Document Number	of Corporation (if known)		•
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	ida Statutes, this Florida Prof	fit Corporation adopts the followin	g amendment(s) t
A. If amending name, enter the new name of the	corporation:		
			The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or to	rp," "Inc," or "Ca". A pro		
B. <u>Enter new principal office address, if applical</u> (Principal office address <u>MUST BE A STREET A.</u>			-
	,		-
			-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	ROY)		
(maining dutiess <u>MATI 32/17 (37 (37 (37)</u>	<u></u>		-
			-
			_
D. If amending the registered agent and/or registered agent and/or the new registered		da, enter the name of the	
Name of New Registered Agent			
	Fiorida street address)		
New Registered Office Address:		, Florida	_
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent	Registered Agent:	ent the abligations of the position	
	, with the PHI third (LCC)	ърг те сенданию ој те ръшин,	
Signature of	New Revistered Avent if char	naina	

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 nife. P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director | TR = Trustee; C + Chairman or Clerk; CEO | ChiefExecutive 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>T9</u> John Doe X Remove Y Mike Jones X Add SVSally Smith Address Title Type of Action Name (Check One) 210 NE 6th Ave VP,D Barry Beck Change Suite 102 Add Delray Beach, Fl 33483 Remove 210 NE 6th Avenue Mindy Posner Change Suite 102 Add Delray Beach, Fl 33483 Remove Change Remove Change Remove Change Add Remove Change

Add

Remove

· **	icles, enter change(s) here. (Be specific)
<u></u>	
<u></u>	
76	skama and basifes day an again Mating of insued shapes
provisions for implementing the ame (if not applicable, indicate No.4)	change, reclassification, or cancellation of issued shares, tendment if not contained in the amendment itself:
provisions for implementing the ame	endment if not contained in the amendment itself:
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14 MAR 13 PH 2: 55 The date of each amendment(s) adoption: March 3, 2014 _, if other than the SECRETARY OF STATE date this document was signed. TALLAHASSEE, PLORIER Effective date if applicable: (no more than 90) days after amendment file date) (CHECK ONE) Adoption of Amendment(s) 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 (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_March 3, 2014 Signature (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 tiduciary) Mindy Posner (Typed or printed name of person signing)

President

(Title of person signing)