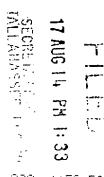
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	ATION: INTEGRITY MED	DICAL EQUIPMENT, INC.	
DOCUMENT NUMBE	P07000003196		<u> </u>
	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
		BRIAN M. CAULKINS	
-		Name of Contact Person	
	INTEGI	RITY MEDICAL EQUIPM	ENT, INC.
-	<del></del>	Firm/ Company	
	3	200 US HWY 27 S, STE 10	)1
<del></del>	<del> </del>	Address	<del>-</del>
		SEBRING, FL 33870	
_		City/ State and Zip Code	
		integritymedical32@gmail.	com
		sed for future annual report i	
For further information	concerning this matter, pleas	se call:	
Brian	M. Caulkins	at ( 772	_) 631-6798
Name of	Contact Person	Area Coo	le & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:
□ \$35 Filling 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)
	ng Address		Address
	dment Section on of Corporations		ment Section n of Corporations
	Box 6327		Building
	nassee, FL 32314		xecutive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

INTEG	RITY MEDICAL EQUIPME	NT, INC.			
(Name o	of Corporation as currently f	filed with the Florida Dept. of State)			
	P07000003196				
	(Document Number of C	orporation (if known)			
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this FI	orida Profit Corporation adopts the fo	ollowing a	mendm	ient(s)
A. If amending name, enter the new na	me of the corporation:				
			Ti	he ne	w
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "Co	". A professional corporation name	the abbr must con	eviatio itain th	n te
B. Enter new principal office address,			<del></del>		
(Principal office address MUST BE A S	TREET ADDRESS )		AL.	17	
			15 m	<u> </u>	TI
			<del>- 3: 5:</del>		
C. Enter new mailing address, if appli	icable:			<del>-</del> -0	
(Mailing address MAY BE A POST	OFFICE BOX)		<del></del> :		
			<u> </u>	<del></del>	
			7	ယ	
D. If amending the registered agent an		is in Florida, enter the name of the			
new registered agent and/or the ne-	BRIAN M. CAULKINS				
Name of New Registered Agent	DRIAN M. CAGERINS				
	1819 NE 23RD TERRACE				
	(Florida stree	t address)			
New Registered Office Address:	JENSEN BEACH	, Florida	4957		
	(0	City)	(Zip Cod	de)	
New Registered Agent's Signature, if c	hanging Registered Agent:				
I hereby accept the appointment as regis	tered agent. I am familiar wi	th and accept the obligations of the po	sition.		
	B (-				
	Signature of New Res	gistered Agent, if changing			
	Signature of Hen Key	5			

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.

X Change	<u>PT</u> <u>Jo</u>	hn Doe	
X Remove	<u>v</u> <u>M</u>	ike Jones	
_X Add	<u>SV</u> <u>Sa</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Р	IVONNE O COBO	425 S.E. Karney Terrace
Add			Port Saint Lucie, FL 34983
x Remove			
2) Change	P	BRIAN M. CAULKINS	1819 NE 23RD TERRACE
X Add			JESEN BEACH, FL 34957
Remove			
3) Change			
Add			
Remove			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)			
	<u> </u>			<u> </u>
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If an amendment provides for an excl	nange, reclassification	n, or cancellation o	of issued shares,	
provisions for implementing the ame (if not applicable, indicate N/A)	engment it not contai	neu in the amenun	iem usem.	
0% of shares sold by Ivonne O Cobo to	Brian M. Caulkins			<u> </u>
<u> </u>	-		· <u>-</u>	
<u> </u>		· · · · · · · · · · · · · · · · · · ·	<u></u>	
<u> </u>				

•	8/10/17	if other than the
The date of each amendment late this document was signed	i(s) adoption.	if other man ar
	8/10/17	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in document's effective date on t	this block does not meet the applicable statutory filing requirements, this date will no the Department of State's records.	ot be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/we by the shareholders was/w	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.	
☐ The amendment(s) was/we must be separately provid	ere approved by the shareholders through voting groups. The following statement led for each voting group entitled to vote separately on the amendment(s):	
"The number of vote	es cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder	FI FI
☐ The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder  0/17	PH 1: 33
8/10 Dated	0/17 <u> </u>	. ယ ယ
Signature _	B-C-	
(	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)	
	BRIAN M. CAULKINS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	