

PO7000069267

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

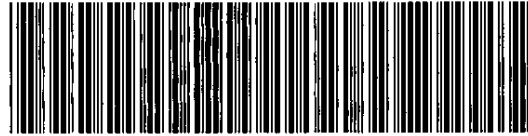
(Business Entity Name)

(Document Number)

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10/15/10--01029--001 \*\*10.00

08/23/10--01011--013 \*\*25.00

10 OCT 15 AM 11:02  
SECRETARY OF STATE  
MAIL ADMINISTRATION

APPROVED  
AND  
FILED

Ammer  
10/21/10  
TK

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: E-Z DIABETES MANAGEMENT

DOCUMENT NUMBER: P 07000069267

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

FRANCISKA PALFI

Name of Contact Person

E-Z DIABETES MANAGEMENT

Firm/ Company

6412 MULLIN ST

Address

JUPITER FL. 33458

City/ State and Zip Code

ezdiabetes@afl.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FRANCISKA PALFI

Name of Contact Person

at (561) 371 6418

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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)

sent 8.20.10  
\$25.-

\*Balance \$10.-\*

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 25, 2010

FRANCISKA PALFI  
6412 MULLIN ST  
JUPITER, FL 33458

SUBJECT: E-Z DIABETES MANAGEMENT, INC.  
Ref. Number: P07000069267

We have received your document for E-Z DIABETES MANAGEMENT, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$10.00.

This is a Florida corporation the forms you sent in to amend the corporation are not correct.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 410A00020440

Articles of Amendment  
to  
Articles of Incorporation  
of

E-2 DIABETES MANAGEMENT

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

P07000069267

(Document Number of Corporation (if known))

APPROVED  
FILED  
10 OCT 15 AM 11:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:**

*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**)

6412 MULLIN ST  
JUPITER, FL. 33458

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

6412 MULLIN ST  
JUPITER FL. 33458

**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:

JULIET PALFI

New Registered Office Address:

6412 Mullin st.

(Florida street address)

Jupiter

(City)

Florida 33458

(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.

Juliet Palfi  
Signature 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<del>Miss</del> Director	Juliet Palfi	6412 Mullin St. Jupiter FL 33458	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**  
 (attach additional sheets, if necessary). (Be specific)

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**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**  
 (if not applicable, indicate N/A)

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The date of each amendment(s) adoption: 8/20/10  
(date of adoption is required)  
Effective date if applicable: 8/20/10  
(no more than 90 days after amendment file date)

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 10/12/10

Signature Franciska Palfi  
(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)

FRANCISKA PALFI  
(Typed or printed name of person signing)

Director / President  
(Title of person signing)