Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000245403 3)))



H130002454033ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6380

NOV 06 2013

: EXPRESS CORPORATE FILING SERVICE INC. Account Name

Phone

Account Number : I2000000146

R. WHITE

: (305)444-4994

Fax Number

: (305)444-4977

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Ema	÷	٦.	7.	AA	_	_	•	

COR AMND/RESTATE/CORRECT OR O/D RESIG DD MEDICAL SERVICE INC.

Certificate of Status Certified Copy 0 Page Count 05 Estimated Charge \$35.00

FILED

Articles of Amendment to Articles of Incorporation 13 NOV -5 PM 12: 36

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DD MEDICAL SERV	ICE INC.	TALLAMAGULL, FLORIDA	
(Name of Corporation a	s currently filed w	vith the Florida Dept. of State)	
P07000123004			
(Docume	nt Number of Corpo	oration (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statu	nutes, this Florida Profit Corporation adopts the following amendn	nent(s) to
A. If amending name, enter the new n	ame of the corpora	ration:	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "In	The ne corporation, "company," or "incorporated" or the abbreviation, or "Co". A professional corporation name must contain the eviation "P.A."	on
B. Enter new principal office address,	if annlicable:	5520 W FLAGLER ST	
(Principal office address MUST BE A S		MIAMI, FL 33134	
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		5520 W FLAGLER ST	
Indiang was ess MAI BE A FOST OFFICE BOA		MIAMI, FL 33134	
D. If amending the registered agent as new registered agent and/or the ne	id/or registered off or registered office	ffice address in Florida, enter the name of the	
Name of New Registered Agent	Danie	1 Doce	
	5520 W F	FLAGLER ST	
		Florida street address)	
New Registered Office Address:	MIAMI		
-	•	(City) (Zip Code)	
·			
New Registered Agent's Signature, if a	Durking Resistere	ed Agent:	
I hereby accept the appointment as region	dagent lam f	familiar with and accept the obligations of the position.	

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)

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 D	'O\$			
	X Remove	<u>v</u>	Mike J	ones			
	X Add	<u>SV</u>	Sally S	mith			
	Type of Action (Check One)	Title		Name		<u>Addres</u> s	
	I) Change	Р	_	DANIEL DOCE		5520 W FLAGLER ST	
	Add					MIAMI, FL 33134	
	Remove						
	2) Change						
	Add						
	Remove						
	3)Change	<u> </u>			· ·		
	Add						
	Remove						
	4) Change		_				
	Add						
	Remove						
	5) Change		_				
•	Add						
	Remove						
	6) Change						
			_				
	Add						
	Remove						

ach additional sheets, if necessary). (Be specific)	
	
	`
	<u></u>
	
n amendment provides for an exchange, reclassification, or cancellation of issued shares, polisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
	
	 -
	

The date of each amendment(s) adoption: NOVEMBER 5, 2013				
date this document was signed.				
Effective date if applicable:				
(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)				
(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 NOVEMBER 5, 2013				
(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, mustee, or other court appointed fiduciary by that fiduciary)				
DANIEL DOCE				
(Typed or printed name of person signing)				
PRESIDENT				
(Title of person giorino)				