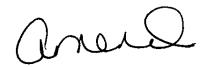
Po7000132281

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ wait	MAIL
(В	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
	÷	

Office Use Only



800213361878



10/19/11--01011--009 **95.00



0/20/11

COVER LETTER

TO: Amendment Section
Division of Corporations

Division of C	Corporations "##"	·	r
NAME OF COR	PORATION: HOS	medics	
DOCUMENT N	JMBER: POTOO	0132281	
The enclosed Arti	cles of Amendment and fee a	re submitted for filing.	
Please return all c	orrespondence concerning thi	s matter to the following:	
	Brian	ame of Contact Person	
		1841CS Firm/ Company	
	16393	e pleasure dr	
	lorghatche	e FL 33470 ity/ State and Zip Code	
	E-mail address: (to be used	host-medics, condition for future annual report notification)	
For further inform	ation concerning this matter,	please call:	
Brian B		at (<u>561</u>) <u>352 3</u> Area Code & Daytime Tel	6609
	e of Contact Person	Area Code & Daytime Tel	ephone Number
Enclosed is a chec	k for the following amount m	ade payable to the Florida Depar	tment 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)
Mailing A		Street Address	
Amendment Section		Amendment Section	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

	of	2011 OCT 19 PH 1.00
Hostmedics	INC	SECRETARY OF STATE
(Name of Corporation as curre	ntly filed with the Florid	da Dept. of State AHASSEE, FLORID
P07000	132281	* *
(Document Num	ber of Corporation (if known	own)
Pursuant to the provisions of section 607.1000 mendment(s) to its Articles of Incorporation:	5, Florida Statutes, this I	Florida Profit Corporation adopts the following
. If amending name, enter the new name of	the corporation:	
		The new
name must be distinguishable and contain to abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "proj	designation "Corp," "In	c," or "Co". A professional corporation
Enter new principal office address, if app		
Principal office address <u>MUST BE A STREE</u>	<u>T ADDRESS</u>)	
· ·		
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFI</u>	CE BOX)	
. If amending the registered agent and/or r	egistered office address	in Florida, enter the name of the
new registered agent and/or the new regis		
Name of New Registered Agent:		
New Registered Office Address:	(Florida street	address)
		Elouido
	(City)	, Florida (Zip Code)
	•	,
ew Registered Agent's Signature, if changing the hereby accept the appointment as registered as		and accept the obligations of the position
ner coy accept the appointment as registered a	sem. I um jamuna wim	and accept the congunous of the position.
Si	ignature of New Registere	ed 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)

Title	Name David Kimball	Address 16393 e Plegone 1057675666	Type of Action Add Remove
·····		59470	_ □ Add □ Remove
			Add Remove
	ng or adding additional Articles, ente litional sheets, if necessary). (Be spec		
provision	endment provides for an exchange, rest for implementing the amendment if applicable, indicate N/A)		

The date of each amendment(s) adoption:
(date of adoption is required)
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.
by the shareholders was were surficient 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
and the same of th
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
Signature Du Com
(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)
β
Delan C Deown
(Typed or printed name of person signing)
CPO 100 111 1
(Title of person signing)