

PO800050489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

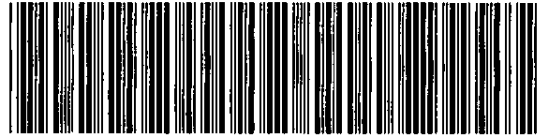
(Business Entity Name)

(Document Number)

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11/26/08--01012--014 **43.75

NOV 26 PM 2:00

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11/25/08
TS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ProLogix Solutions, Inc.

DOCUMENT NUMBER: P08000050489 G 08147900115

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

Please return all correspondence concerning this matter to the following:

Holly Kay Weisel
(Name of Contact Person)

ProLogix Solutions, Inc.
(Firm/ Company)

568 Vista Trail Ct
(Address)

Palm Harbor, FL 34683
(City/ State and Zip Code)

For further information concerning this matter, please call:

Holly Kay Weisel at (727) 251-1907
(Name of Contact Person) (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)

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

Articles of Amendment
to
Articles of Incorporation
of

ProLogix Solutions, Inc.

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

P08000050489

(Document Number of Corporation (if known))

NOV 26 PM 2:00
FILED

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:

ProLogix Supply Solutions, Inc.

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)

568 Vista Trail CT

Palm Harbor, FL 34683

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

568 Vista Trail CT

Palm Harbor, FL 34683

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:

New Registered Office Address:

(Florida street address)

(City)

, Florida

(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.

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>
_____	<u>See attached</u>	_____	<input type="checkbox"/> Add
		_____	<input checked="" type="checkbox"/> Remove

_____	_____	_____	<input checked="" type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input checked="" 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)

Purpose of Corporation: to provide retail medical, dental and office supplies to businesses.

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)

Change in the number of shares issued from 100 to 200 shares.

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	Address	Type of Action
Holly Kay Weisel President, Managing Owner	568 Vista Trail Ct Palm Harbor, FL 34683	Change/Remove
Holly Kay Weisel Vice President Managing Owner	568 Vista Trail Ct Palm Harbor, FL 34683	Add
Britni Nichole Weisel VP and Secretary	568 Vista Trail CT Palm Harbor, FL 34683	Remove
Alison Hitzel President, Managing Owner	7219 3 rd Avenue South St. Petersburg, FL 33707	Add

The date of each amendment(s) adoption: 11/23/08

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

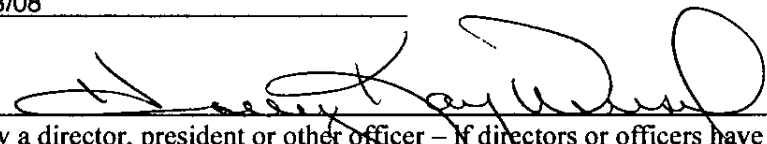
by _____."
(voting group)

☒ 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 11/23/08

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 fiduciary)

Holly Kay Weisel
(Typed or printed name of person signing)

Vice President, Managing Owner
(Title of person signing)