

P08000065501

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

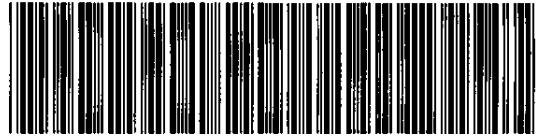
(Business Entity Name)

(Document Number)

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09 JUN 10 AM 10:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend
6-11-09
Dc

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: GHI Med Corp

DOCUMENT NUMBER: P08000065501

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

Please return all correspondence concerning this matter to the following:

Scott Gostyla

Name of Contact Person

Than Was Easy LLC

Firm/ Company

1700 Arabian Lane

Address

Palm Harbor, Florida, 34685

City/ State and Zip Code

sg@twrx.com

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

For further information concerning this matter, please call:

Scott Gostyla

Name of Contact Person

at (727)

424-1447
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 27, 2009

SCOTT GOSTYLA
THAT WAS EASY LLC
1700 ARABIAN LANE
PALM HARBOR, FL 34685

SUBJECT: GHI MED CORP
Ref. Number: P08000065501

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The document is illegible and not acceptable for imaging.

PLEASE CLARIFY THE NAME OF THE REGISTERED AGENT AS WELL AS HIS ADDRESS.

THE DOCUMENT SHOULD BE TYPED AND LEGIBLE THROUGHOUT THE DOCUMENT.

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) 245-6906.

Darlene Connell
Regulatory Specialist II

Letter Number: 809A00017851

RECEIVED
2009 JUN 10 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**Articles of Amendment
to
Articles of Incorporation
of**

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

GHI Med Corp P08000065501

(Document Number of Corporation (if known))

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)

1700 Arabian Lane

Palm Harbor, FL 34685

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

Same

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:

That Was Easy LLC

New Registered Office Address:

1700 Arabian Lane

(Florida street address)

Palm Harboor


(City)

, Florida 34685

(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>P</u> | <u>Scott Gostyla</u> | <u>8145 Meadowview Place</u> <u>Trinity Florida, 34655</u> | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| <u>VP</u> | <u>Dean Yannello</u> | <u>8145 Meadowview Place</u> <u>Trinity Florida, 34655</u> | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| <u> </u> | <u> </u> | <u> </u> | <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)

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)

The date of each amendment(s) adoption: May 1 2009

(date of adoption is required)

Effective date if applicable: Same

(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 June 8, 2009

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)

Scott Gostyla

(Typed or printed name of person signing)

President

(Title of person signing)