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COVER LETTER

TO: Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

DOCUMENT NUMB	ATION: Premier 1 ER: PO9000 of Amendment and fee are sul	025353	pment, Inc.			
Please return all corresp	oondence concerning this mat	ter to the following:				
-	Christopher S	Name of Contact Person) 1			
-		Firm/ Company				
	730 F. Flet	cher Ave. 3	sta 110			
_		Address				
_	Tampa, FI	7. 33612 City/ State and Zip Cod				
	, , , , , , , , , , , , , , , , , , , ,	City/ State and Zip Cod	e			
	Shane abrace E-mail address: (to be us	back, COM ed for future annual report	notification)	-		
For further information	concerning this matter, pleas	e call:				
Christopher	Shane Miller	at (813	<u> 334- 3836</u>		_	
' Name of	f Contact Person	Area Co	de & Daytime Telephone Nu	mber		
Enclosed is a check for	the following amount made p	payable to the Florida Depa	artment of State:	≥	1	
□ \$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)	LAHASSEE, FLO	APR II AH 8:	
	ing Address		Address		ဌာ	
	idment Section ion of Corporations		ment Section on of Corporations	ا ا و فيد. وووا	<u></u>	

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

Premier Medical	Equipment,	Inc.	
	currently filed with the Flo		7
Pogoooa	5353		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Number of Corporation (if I	known)	
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this Fl	lorida Profit Corporation a	adopts the following amendment(s)
A. If amending name, enter the new name	me of the corporation:		
name must be distinguishable and conto "Corp.," "Inc.," or Co.," or the designa- word "chartered," "professional associati	ation "Corp," "Inc," or "Co	o". A professional corpor	
B. Enter new principal office address, it (Principal office address MUST BE A ST			
 C. Enter new mailing address, if application (Mailing address MAY BE A POST Of the Mailing address) D. If amending the registered agent and the mailing address 	FFICE BOX)	ss in Florida, enter the na	ame of the
new registered agent and/or the new			
Name of New Registered Agent			
			_
	(Florida stree	t address)	
New Registered Office Address:		, Florida	
	(City)		(Zip Code)
New Registered Agent's Signature, if ch I hereby accept the appointment as registe	anging Registered Agent: red agent. I am familiar wii	th and accept the obligatio	ons 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	<u>PT</u>	John D	oe	
X Remove	<u>V</u>	Mike J	ones	
X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	Preside	<u>n</u> t	Meagan Stocks	17503 Queensland
Add Remove				St. Land O Lakes F1. 34638
2) Change	Presid	tot.	Christopher Shane Miller	3509 Diamond Falls Cir.
Remove				Land OLakes Fl. 34638
Add Remove	<u></u>	_	- , , , , , , , , , , , , , , , , , , ,	
4) Change		-		
Remove				
5) Change		-		
Remove				
6) Change	<u></u>	_		
Add Remove				

	n additional shee	ets, if necessary).	(Be specific)	nge(s) here:		
-						
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lf an -	amendment nro	vides for an eych	iange reclassi	lication or cane	ellation of issued	shares
ii an s	isions for imple	menting the ame	ndment if not	contained in the	amendment itsel	<u> </u>
provi	2 C	i, inaicaie N/A)				
provi	if not applicable	,				
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provi	if not applicable					

The date of each amendment(s) adoption: $4 - 7 - 14$ date this document was signed.	_, if other than the
Effective date if applicable: Same as above	
(no more than 90 days after amendment file date)	_
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
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 Christopher Shane Miller 100% Shareholder " (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 4-7-2014 Signature May 1	
(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)	
Meagan Stocks (Typed or printed name of person signing)	
President 55	14 41
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