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Office Use Only



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SECRETARY OF STATES

OCT 15 2013

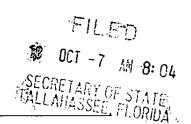
R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: REGAL MED DOCUMENT NUMBER: P1000004187	ICAL SOLUTION	S COMPANY INC					
The enclosed Articles of Amendment and fee are sub	mitted for filing.						
Please return all correspondence concerning this matt	er to the following:						
LOURDES BALLI	NA						
	Name of Contact Person						
BERMARY, INC	Turne of Contact Forson						
	Firm/ Company						
8758 SW 8 STRE	, ,						
	Address						
MIAMI, FL 33174	•						
	City/ State and Zip Code						
LULIARERMARY	-014						
LULU@BERMARY.C							
E-mail address: (to be use	ed for future annual report	notification)					
For further information concerning this matter, please call:							
LOURDES BALLINA	at (305	227-2120					
Name of Contact Person	Area Co	de & Daytime Telephone Number					
Enclosed is a check for the following amount made p	ayable to the Florida Depa	artment of State:					
■ \$35 Filing Fee	□\$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	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle Eassee, FL 32301					

Articles of Amendment to Articles of Incorporation of



REGAL MEDICAL SOLUTIONS COMPANY, INC

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

(1)Ocume	nt Number of Corporation (if kno	own)	
rsuant to the provisions of section 607 Articles of Incorporation:	.1006, Florida Statutes, this <i>Flor</i>	i <i>da Profit Corporation</i> ad	lopts the following amendment(
If amending name, enter the new n	ame of the corporation:		
			The new
ne must be distinguishable and coi orp.," "Inc.," or Co.," or the desig rd "chartered," "professional associ	nation "Corp," "Inc," or "Co".	A professional corpora	
Enter new principal office address incipal office address MUST BE A S	<u>if applicable:</u> STREET ADDRESS)		
	-		
Enter new mailing address, if app			
(Mailing address <u>MAY BE A POST</u>	<u>OFFICE BOX</u>)		
	_		
	_		
If amending the registered agent a new registered agent and/or the no		in Florida, enter the nam	ne of the
	ILIAN CARLOS PE	-RF <i>Z</i>	
Name of New Registered Agent	600 SW 31 AVEN		
	(Florida street a		
New_Registered Office Address	MIAMI	Florida	33135 (Zip Code)
WEN REZIMENCE COMICE TRUBY CAS	(City)	,, 1101144_	(Zin Code)

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 Doe		
X Remove	<u>V</u>	Mike Jones		
_X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name		Address
1) Change	VP	MAR	GARITA JIMENEZ	8758 SW 8 STREET
Add				MIAMI, FL
X Remove				33174
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Remove				
6) Change				
Add				
Remove				

Attach ad	ditional sh	ing addition eets, if neces	sary).	(Be specij					

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		le, indicate					,,		
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	<u> </u>								

The date of each amendment(s) adoption:	JANUARY 1, 2013	, if other than the
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 by the shareholders was/were sufficient	the shareholders. The number of votes cast for the amendment(s) for approval.	
	y the shareholders through voting groups. The following statement ting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the a	amendment(s) was/were sufficient for approval	
by	(voting group)	
	the board of directors without shareholder action and shareholder	
■ The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action and shareholder	
selected by an	president or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court ciary by that fiduciary)	
JU	AN CARLOS PEREZ	
	(Typed or printed name of person signing)	_
PR	ESIDENT	
	(Title of person signing)	