

Florida Department of State
Division of Corporations
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(((H12000219033 3)))



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To:

Division of Corporations
Fax Number : (850) 617-6380

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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COR AMND/RESTATE/CORRECT OR O/D RESIGN
RAYSERMED CORP

| | |
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Corporate Filing Menu

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Handwritten signature and initials: "Aron" and "S" with "9.5.10" written below.



September 5, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RAYSERMED CORP
7856 NW 71 STREET
MIAMI, FL 33166

SUBJECT: RAYSERMED CORP
REF: P10000083812

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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) 245-6050.

Sylvia Gilbert
Regulatory Specialist II

FAX Aud. #: H12000219033
Letter Number: 212A00022461

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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2012 SEP -5 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENTS
TO
ARTICLES OF INCORPORATION
OF

RAYSERMED CORP

PURSUANT TO THE PROVISIONS OF SECTION 607.1006, FLORIDA STATUTES,
THIS FLORIDA PROFIT CORPORATION ADOPTS THE FOLLOWING ARTICLES
OF AMENDMENT ITS ARTICLES INCORPORATION:

FIRST: AMENDMENTS(S) ADOPTED: (INDICATE ARTICLE NUMBER(S) BEING
AMENDED, ADDED OR DELETED)

EFFECTIVE SEPTEMBER 4TH, 2012 JULIO C. GONZALEZ OF 7856 NW 71
STREET MIAMI FL 33166 RESIGNS AS REGISTERED AGENT AND PRESIDENT
(P) OF THIS CORPORATION AND RAMON H. SERRANO OF 7856 NW 71
STREET MIAMI FL 33166 IS DESIGNATED AS THE NEW REGISTERED AGENT
AND PRESIDEN TO OF THIS CORPORATION.

SECOND: 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, ARE AS FOLLOWS:

THIRD: THE DATE OF EACH AMENDMENT'S ADOPTION: 09/04/12

FOURTH: ADOPTION OF AMENDMENT(S) (CHECK ONE)

THE AMENDMENT(S) WAS/WERE APPROVED BY THE SHAREHOLDERS THE NUMBER OF VOTES CAST FOR THE AMENDMENT(S) 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 DORECTORS 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.

SIGNED THIS SEPTEMBER 4TH, 2012.

SIGNATURE

(BY THE CHAIRMAN OR VICE-CHAIRMAN OF THE BOARD, PRESIDENT OT OTHER OFFICER IF ADOPTED SHAREHOLDERS)

OR

(BY DIRECTOR IF ADOPTED BY THE DIRECTORS)

OR

(BY AN INCORPORATOR IF ADOPTED BY THE INCORPORATORS)

(TYPED OF PRINTED NAME)

RAMON SERRANO - PRESIDENT

H12000219033.

**CERTIFICATE DESIGNATING
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 607.325 Florida Statutes, the undersigned corporation, organized under the law of State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of this corporation is:

RAYSERMED CORP.

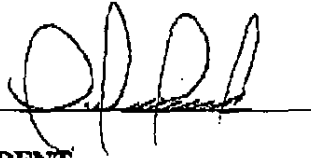
2. The name and address of the registered agent and office is:

RAMON SERRANO

**7856 NW 71 STREET
(P.O BOX NOT ACCEPTABLE)**

**MIAMI, FL 33166
(CITY/STATE/ZIP)**

SIGNATURE



TITLE: **PRESIDENT**

DATE: **09/04/2012**

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE


(REGISTERED AGENT)