P12000015724

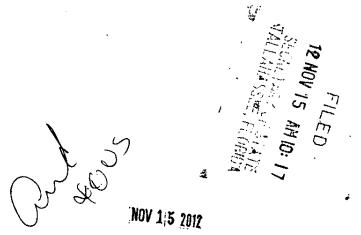
(Re	questor's Name)	
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C. MUSTAIN

COVER LETTER

TO: Amendment Section Division of Corporations

	RATION: PREMIER BER: P1200001572		PRODUCTS INC
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Michael T. Sulliva	an	
	PREMIER HEAL	Name of Contact Person	
	7070 KEY HAVE	Firm/ Company N DR #301	
	SEMINOLE FL 33	Address 3777	
		City/ State and Zip Cod	e
То	maho@aol.com E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
Michael 7	r. Sullivan	at (727	278-6087
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment 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)
Am Div P.O	iling Address endment Section ision of Corporations Box 6327 lahassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

PREMIER HEALTHCARE PRODUCTS INC

(Name of Corporation as currently filed with the Flo	orida Dept. of State)	· · · · · · · · · · · · · · · · · · ·
P12000015724		
(Document Number of Corporation (if	known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Faits Articles of Incorporation:	lorida Profit Corporation add	opts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	Alu	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "P	o". A professional corporat	rated" or the abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Aln	········
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	414	TE NOV 15 AH
D. If amending the registered agent and/or registered office address: Name of New Registered Agent Note: Name of New Registered Agent	ss in Florida, enter the nam	
Name of New Negasierea Agent		
(Florida stree New Registered Office Address: (City)	et address), Florida	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi		of the position.

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> <u>Joh</u> i	n_Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	CEO	Michael T. Sullivan	7070 KEY HAVEN DR #301
Add			Seminole FL 33777
Remove			
2) Change	Р	Wayne J. Gullick	6221 4th Ave N
X			St. Petersburg, FL
Remove			33710
3) Change	V	Thomas Sullivan	7070 KEY HAVEN DR #301
X Add			Seminole, FL 33777
Remove			
4) Change	T	James Sullivan	7070 KEY HAVEN DR #301
X Add			Seminole, FI 33777
Remove			
5) Change			
Add			
Remove			·
6) Change			
Add			
Remove			

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	The date of each amendment(s) adoption:
	The date of each amendment(s) adoption: 1107 12 Effective date if applicable:
	(no more than 90 days after amendment file date)
	Adoption of Amendment(s) (CHECK ONE)
44	☐ 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 11/07/12
	Dated
	(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)
	Michael Sullivan
	(Typed or printed name of person signing)
	President
	(Title of person signing)