P/30000/6502

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	O&E MEDI R: P1300001650	CAL EQUIPMEN 2	NT CORP
	Amendment and fee are su		
Please return all correspondent	ondence concerning this ma	tter to the following:	
5	SUSANA BIJANI		
_		Name of Contact Persor	<u> </u>
J	P GLOBAL BUS	INESS SOLUTI	ONS INC
		Firm/ Company	
8	12 CAVENDER	RD SE	
	•	Address	
1	ЛАМІ, FL 33166		
		City/ State and Zip Code	:
MAS	TER@JPGBUS	INESS.COM	
-	_	sed for future annual report	notification)
For further information of	concerning this matter, pleas	se call:	
SUSANA BIJA	NI	at (305	, 436-0093
Name of	Contact Person		de & Daytime Telephone Number
Enclosed is a check for t	he following amount made	payable to the Florida Depa	rtment 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)
Ameno Divisio P.O. E	ng Address dment Section on of Corporations fox 6327 assee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ussee, FL 32301

Articles of Amendment to Articles of Incorporation of

0&E MEDICAL EQUIPMENT CORP

(Name of Corporation as currently filed with the FI	and Dark of State)
P13000016502	orida Dept. of State)
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this I its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	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 "I	Co". A professional corporation name must contain the
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	23
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent	
(Florida stre	vet address)
New Registered Office Address:	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	vith and accept the obligations of the position.
Signature of New Registered A	gent, 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.

X Change	<u>PT</u> <u>John</u>	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) Change	P	OLLANTAY ADAN	812 CAVENDER RD SE
Add			DALTON, GA 30721
X Remove			
2) Change	Р	MARYLEANA S. GONZALEZ	812 CAVENDER RD SE
X Add			DALTON, GA 30721
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	· · · · · · · · · · · · · · · · · · ·		
Add			
Remove			
6) Change			
Add			
Remove			

 If amending or adding additional Arti (Attach additional sheets, if necessary). 	cles, enter change(s) here: (Be specific)
(· · · · · · · · · · · · · · · · · · ·	(
 	
 If an amendment provides for an exch provisions for implementing the ame 	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	· ·

The date of each amendment		, if other than the
date this document was signed Effective date <u>if applicable</u> :	08/19/2013	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated 08	119/2013 (wt all land)	
	394 director, president or other officer — if directors or officers have not been elected, by an incorporator — if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)	
	OLLANTAY ADAN	
	(Typed or printed name of person signing)	
	PRESIDENT	

(Title of person signing)