

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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COR AMND/RESTATE/CORRECT OR O/D RESIGN O&E MEDICAL EQUIPMENT CORP

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: O&E MEDI	CAL EQUIPME	NT CORP	
DOCUMENT NUM	<sub>IBER:</sub> P1300001650	2		
	s of Amendment and fee are su		·	至2
Please return all con	espondence concerning this ma	tter to the following:		
	SUSANA BIJANI			ASSE VISSE
		Name of Contact Person	n	- AS
	JP GLOBAL BUS	SINESS SOLUTI	IONS INC	700
		Firm/ Company	V	- 22
	7325 NW 36TH 9	ST		0 3
		Address		_
	MIAMI, FL 33166	3		
	<del></del>	City/ State and Zip Cod	e	_
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		sed for future annual report	notification)	
For further informat	on concerning this matter, pleas	se oall:		
SUSANA B	JANI	at / 305	, 436-0093	
Name of Contact Person		Area Co	de & Daytime Telephone Numb	er er
Enclosed is a check-	for the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filling 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 Tailahassee, F1, 32314		Amend Divisio Clifton 2661 Li	Address iment Section on of Corporations Building Executive Center Circle assee, FL 32301	

(414000 239986 3)

## Articles of Amendment to Articles of Incorporation of

O&E MEDICAL EQUIPMENT CORP		
(Name of Corporation as currently filed with the Florida Dept. of State)		
P13000016502	5	
(Document Number of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following its Articles of Incorporation:	s amendi	ment(s) t
A. If amending name, enter the new name of the corporation:		
	The n	ew
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the all "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must c word "chartered." "professional association," or the abbreviation "P.A."	bbreviati	on
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS )	•	
3>	1 * (2) -	
	<u>(</u> 한 4	 □
C. Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	LOCT IL MIN: 32
	537 - 327 -	- 1º
	<u>.</u> 5	<u> </u>
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	STATE STATE	သ လ
Nume of New Registered Ayont	>	
•		
(Florida street address)		
New Registered Office Address: , Vlorida, Vlorida	-	
(City) (Zip Code)		
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.		
Signuture 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 PID.

Changes should be noted in the following manner. Currently John Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sully Smith, SV as an Add.

X Change	<u>b.t.</u>	John Dec	7. S
X Remove	<u>y</u>	Mike Jones	14 OC SEC::: TALL A
X Add	<u>\$V</u>	Sally Smith	14 OCT 14 SECHE DAR ALL AND ES
Type of Action (Check One)	Title	Name	Address
f) Change	Р	MERYLEANA GONZALEZ	812 CAVENDER RD SE
Add			DALTON, GA 30721 8
Remove			
2) Chunge	Р	THAIS HERNANDEZ	812 CAVENDER RD SE
✓ ∧dd			DALTON, GA 30721
Remove			
3) Change			
Remove			
4) Change			
∧dd			
Remove			
5) Change			<del></del>
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6) Change			
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Attuch additional sheets, if necessu	ry). (Be specific)				
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f an amendment provides for an provisions for implementing the	<u>exclainge, reclass</u> omendment if not	ification, or cancell	<u>ation of issued shar</u> neudment itself:	1054	
(if not applicable, indicate N/.	4)	Consumed in the at	HORASHOIT THEIT		
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The date of each amendment	(s) adoption: 10/13/2014	_, if other	than the
date this document was signed.			
Effective date if applicable:	10/13/2014		
Literare date is appricable.	(no more than 90 days after amendment file date)	-	
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes east for the amendment(s) are sufficient for approval.		
	re approved by the shareholders through voting groups. The following statement and for each voting group entitled to vote separately on the amendment(s):	A 7	
"The number of votes	cast for the amendment(s) was/were sufficient for approval	4 00T 14	P. B.
hy	(voting group)	<u> </u>	
·	(voting group)	and,	
The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder	AM IO: 32	
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder		)
Dated 10/*	May Bon Co		
	by a director, president or other officer - if directors or officers have not been	_	
	elected, he an incomporator - if in the hands of a receiver, trustee, or other court		
H,	appointed fiduciary by that fiduciary)		
	MARYLEANA GONZALEZ	_	
	(Typed or printed name of person signing)		
	PRESIDENT		
	(Titic of acrean signing)	_	