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And

DEC 24 2014 R. WHITE

COVER LETTER

| TO: Amendment Sect Division of Corpo | | | |
|--|---|--|--|
| NAME OF CORPOR | RATION: MIDAS ME | DICAL, INC. | |
| | BER: P1300001981 | | |
| | of Amendment and fee are su | | |
| Please return all corre | spondence concerning this mat | tter to the following: | |
| | Robert Joseph Q | uinn | |
| • | i | Name of Contact Person | l |
| | | Firm/ Company | |
| | 15417 Martinmea | | |
| | | Address | · · · · · · · · · · · · · · · · · · · |
| | Lithia, Florida 33 | | |
| | | City/ State and Zip Code | |
| qui | nn2000@hotmail. | | |
| | E-mail address: (to be us | sed for future annual report | notification) |
| For further informatio | n concerning this matter, pleas | se call: | |
| Robert Josep | Robert Joseph Quinn at (813) 675-5464 | | |
| 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 | 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) |
| Mailing Address | | | Address |
| Amendment Section Division of Corporations | | Amendment Section Division of Corporations | |
| P.O | P.O. Box 6327 Clifton Building | | Building |
| Tallahassee, FL 32314 2661 Executive Center Circle | | | |
| | | I aliaha | issee, FL 32301 |

Articles of Amendment to Articles of Incorporation of

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MIDAS MEDICAL, INC.

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

nt(s) to

| P13000019815 | | 1924 | •••• |
|--|--|--------------------------------|----------------------------|
| (Documer | nt Number of Corporation (i | f known) | |
| Pursuant to the provisions of section 607 its Articles of Incorporation: | .1006, Florida Statutes, this | Florida Profit Corporation add | opts the following amendme |
| A. If amending name, enter the new na | ame of the corporation: | | |
| Not Applicable | | | The new |
| name must be distinguishable and con "Corp" "Inc.," or Co.," or the design word "chartered," "professional associa | nation "Corp," "Inc," or " | Co". A professional corporat | |
| B. Enter new principal office address, (Principal office address MUST BE A S | | Not Applicable | |
| | | | |
| C. Enter new mailing address, if appli (Mailing address MAY BE A POST) | | Not Applicable | |
| D. If amending the registered agent an new registered agent and/or the new | <u>nd/or registered office addr</u> w registered office address | ess in Florida, enter the name | e of the |
| Name of New Registered Agent | Not Applicable | | |
| name of the regigio, on rigon | | | |
| | (Florida str | eet address) | |
| New Registered Office Address: | Not Applicable | , Florida | |
| | (City) | ,,,,,,,,,, | (Zip Code) |
| New Registered Agent's Signature, if c I hereby accept the appointment as regist | | | of the position. |
| Si | gnature of New Registered A | Igent, 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.

| 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 | <u>Addres</u> s |
| 1) Change | Р | David I. Shiner | 95 S. FEDERAL HIGHWAY |
| Add | | | SECOND FLOOR |
| Remove | | | BOCA RATON, FL 33432 |
| 2) Change | P. | Robert Joseph Quinn | 15417 Martinmeadow Drive |
| Add | | | Lithia, Florida 33547 |
| Remove | | | |
| 3) Change | | _ | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | <u> </u> | |
| Add | | | |
| Remove | | | |

| E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) | |
|--|--------------------|
| Not Applicable | |
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| F. If an amendment provides for an exchange, reclassification, or cancellation of issued so provisions for implementing the amendment if not contained in the amendment itself (if not applicable, indicate N/A) Not Applicable | hares, <u>:</u> |
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| The date of each amendment(s) ac | loption: | , 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 ado by the shareholders was/were su | pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval. | |
| | roved by the shareholders through voting groups. The following statement 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) | |
| | (voting group) | |
| action was not required. | opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder | |
| Dated | 7/2014 | |
| selecte | irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary) | |
| 1 | DAVID SHINON | |
| | (Typed or printed name of person signing) | |
| | (Typed or printed name of person signing) Formal Programm. (Title of person signing) | |
| | (Title of person signing) | |