## PB000041905

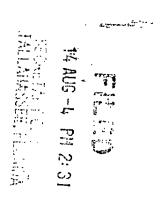
| (Re                                     | questor's Name)    |             |  |  |
|---|--------------------|-------------|--|--|
| (Address)                               |                    |             |  |  |
| (Address)                               |                    |             |  |  |
| (Cit                                    | ty/State/Zip/Phone | e #)        |  |  |
| PICK-UP                                 | ☐ WAIT             | MAIL        |  |  |
| (Bu                                     | siness Entity Nar  | me)         |  |  |
| (Document Number)                       |                    |             |  |  |
| Certified Copies                        | _ Certificates     | s of Status |  |  |
| Special Instructions to Filing Officer: |                    |             |  |  |
|   |                    |             |  |  |
|   |                    |             |  |  |
|   |                    |             |  |  |

Office Use Only



600262842936

08/04/14--01040--010 \*\*35.00



AUG 1 4 2014 C. CARROTHERS

## **COVER LETTER**

TO: Amendment Section

| Division of Corporations   |                   |  |
|--|-------------------|--|
| NAME OF CORPORATION: MED-RESOURCE. COM INC   |                   |  |
| DOCUMENT NUMBER: P13000041905  |                   |  |
| The enclosed Articles of Amendment and fee are submitted for filing.   |                   |  |
| Please return all correspondence concerning this matter to the following:  |                   |  |
| DARYL DANSER   |                   |  |
| Name of Contact Person   |                   |  |
| MED-RESOURCE. COM INC  |                   |  |
| Firm/ Company  |                   |  |
| BURNT MILL RD #2504  |                   |  |
| Address  |                   |  |
| JACKSONVILLE, FL 32256   |                   |  |
| City/ State and Zip Code   |                   |  |
| INFO@MED-RESOURCE.COM  |                   |  |
| E-mail address: (to be used for future annual report notification)   |                   |  |
|  |                   |  |
| For further information concerning this matter, please call:   |                   |  |
| DARYL DANSERat (904) 200-7724  |                   |  |
| Name of Contact Person Area Code & Daytime Telephone Number  |                   |  |
| Enclosed is a check for the following amount made payable to the Florida Department of State:  |                   |  |
| ■ \$35 Filing Fee  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  S43.75 Filing Fee & Certificate of Status Certified Copy (Additional Copy is enclosed) |                   |  |
| Mailing Address Street Address   |                   |  |
| Amendment Section Amendment Section  | Amendment Section |  |
|  |                   |  |
| P.O. Box 6.07. Cliffon Building  |                   |  |
|  |                   |  |

Tallahassee, FL 32301

| The date of each amendment(s) adoption:  | , if other than the |
|--|---------------------|
| Effective date if applicable:  | _                   |
| (no more than 90 days after amendment file date)   |                     |
| Adoption of Amendment(s) (CHECK ONE)   |                     |
| 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)  |                     |
| (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 7/31/14  |                     |
| Signature Parcel Cours   |                     |
| (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) |                     |
| Typed or printed name of person signing)   |                     |
| President (Title of person signing)  | <del></del>         |
| (Title of person signing)  |                     |

## Articles of Amendment to Articles of Incorporation of

## (Name of Corporation as currently filed with the Florida Dept. of State) P13000041905 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS ) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Name of New Registered Agent

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. Signature of New Registered Agent, if changing

New Registered Office Address:

(Florida street address)

(City)

Florida

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<br>(Check One) | <u>Title</u> | <u>Name</u>     | <u>Addres</u> s        |
| 1) Change                     | VP           | SIMON GRIGORYAN | 3378 CHRYSLER DR       |
| Add                           |              |                 | JACKSONVILLE, FL 32257 |
| Remove                        |              |                 |                        |
| 2) Change                     | VP           | CHRIS DANSER    | 1065 16TH ST N         |
| Add                           |              |                 | JACKSONVILLE FL 32250  |
| Remove                        |              |                 |                        |
| 3) Change                     | P            | DARYL DANSER    | 10901 BURNT MILL RD#2  |
| Add                           |              |                 | JACKSONVILLE FL 32256  |
| Remove                        |              |                 |                        |
| 4) Change                     | VP           | ELLIE MARRS     | 142 SYLVAN DR          |
| ✓ Add                         |              |                 | JACKSONVILLE FL 32233  |
| Remove                        |              |                 |                        |
| 5) Change                     |              |                 |                        |
| Add                           |              |                 |                        |
| Remove                        |              |                 |                        |
|                               |              |                 |                        |
| 6) Change                     |              |                 |                        |
| Add                           |              |                 |                        |
| Remove                        |              |                 |                        |

| L. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific) |  |  |
|--|--|--|
| Anach additional sneets, if necessary).  | (De specific)  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| <del>-</del>   |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| If an amendment provides for an exch   | hange, reclassification, or cancellation of issued shares, |  |
| provisions for implementing the ame (if not applicable, indicate N/A)  | endment if not contained in the amendment itself:          |  |
| (у пог аррисаоте, таксате та)  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |