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## **COVER LETTER**

Division of Corporations					
NAME OF CORPORATION:	Sunsh	ine Transp	ort Services inc		
DOCUMENT NUMBER:					
The enclosed Articles of Amenda	ment and fee are sub	omitted for filing.			
Please return all correspondence	concerning this mat	ter to the following:			
	Anne	S. Xau'e			
	,	Name of Contact Person	1		
Suns	shine 1	cansport Ser	Vizes		
_	- · · · · ·	Name of Contact Person  An Sport Ser  Firm/ Company  Address	del 1		
	360 L	Address	)Tree!		
	_	- 11-41.000 /			
	Mami	Flori'da City/ State and Zip Code	55161		
<u>Sunshin</u> E-ma	e fransport all address: (16 be us	2 Services @ O ed for future annual report	mail.com notification)		
For further information concerning	ng this matter, pleas	e call:			
Anne 5. Xar	n'A	at (7.86	906-3290 de & Daytime Telephone Number		
Name of Contact	Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:					
• •	3.75 Filing Fee & rtificate 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 Addr	<u>'ess</u>	Street	Address		

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: Amendment Section

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to

## Articles of Incorporation of

Sunshine Transport Service	185 /nc	
(Name of Corporation as currently filed with the Flor	rida Dept. of State)	
(Document Number of Corporation (if k	(nown)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Articles of Incorporation:	orida Profit Corporation adopts the following	g amendment(s) to
A. If amending name, enter the new name of the corporation:  Sunshine Medical Transp.	ort Services Inc.	_The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	" "company," or "incorporated" or the alo".  A professional corporation name must c	breviation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	NIA	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/-A	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	ss in Florida, enter the name of the	SEC ₩/181 <b>13</b>
Name of New Registered Agent //		NOV 15
(Florida stree	t address) , Florida	YOF STA
(City)	(Zip Code)	716F
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.	
Signature of New Registered Ag	ent, 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 Remove  X Add  SV Sally Smith  Type of Action (Check One)  Change  Add  Change  Add  Remove  Mike Jones  SV Sally Smith  Name  Address  Address  Address  Add  Wari, #13314  Remove  Add  Remove  Change  Add  Change	
Type of Action (Check One)  1) Change CFO Daniel Xavier 1360 NF 132 M Street Many 1360 NF 132 M Street Many 137314  Remove  2) Change Add Remove Add Change CFO Daniel Xavier 1360 NF 13314  Add Change Change CFO Daniel Xavier 1360 NF 13314	
(Check One)  1) Change CFO Daniel Xavier 1360 NF 132 M Area  Add Mani, fl 3316  Remove  2) Change Add Remove  3) Change	
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If amending or add Attach additional sh	ing additional Arti	(Pa angaifia)	<u>e(s) here</u> :			
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If an amendment population of the provisions for imp	rovides for an exch lementing the ame	iange, reclassifica	ition, or canc atained in the	ellation of iss amendment	<u>ued snares.</u> itself:	
(if not applicab	ole, indicate N/A)				<del></del>	
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The date of each amendment(s) add	option;	, if other than the
date this document was signed.		
Effective date if applicable:	11/7/13	
	II/7/13 Ino more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient 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 east f	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopaction was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopaction was not required.	pted by the incorporators without shareholder action and shareholder	
Dated	17/13	
Signature	ans S. Jares	
selected	rector, president or other officer – if directors or officers have not been I, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
-	Apne 5. Kavie  (Typed or printed name of person signing)	<u> </u>
	President (Title of person signing)	
	(Title of person signing)	