

P13000076131

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

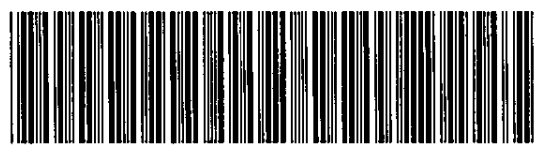
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
Anne Xavier gave verbal authorization to correct current and new names on pg 1. JC 12/16

Office Use Only



900253923009

11/18/13--01056--018 **35.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
13 DEC 16 AM 11:59

Amend 3 Name Change

DEC 16 2013
T. CARTER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 25, 2013

ANNE S. XAVIER
SUNSHINE TRANSPORT SERVICES
1360 NE 132ND STREET
MIAMI, FL 33161 US

SUBJECT: SUNSHINE MEDICAL TRANSPORT SERVICES INC.
Ref. Number: P13000076131

We have received your document for SUNSHINE MEDICAL TRANSPORT SERVICES INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Thank you for your correspondence of November 13, 2013, which has been forwarded to me for response.

The document mentioned in your correspondence has already been processed as of 11/15/2013 and cannot be refunded. If you wish to change the corporate name back to its original name you may do so on the enclosed document. If you choose to change the name back please complete section A on page 1 and return the document to this office for processing otherwise, the new name will remain in effect.

If you choose to not file the enclosed document please complete and return the enclosed refund application to this office for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Carter
Regulatory Specialist

Letter Number: 713A00027156

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Sunshine Transport Services Inc.

DOCUMENT NUMBER: _____

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anne S. Xavier
Name of Contact Person

Sunshine Transport Services
Firm/ Company

1360 NE 132nd Street
Address

Miami, Florida 33161
City/ State and Zip Code

Sunshinetransportservices@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anne S. Xavier at (786) 406 3290
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:

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
|---|---|--|--|

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

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

Articles of Amendment
to
Articles of Incorporation
of

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 DEC 16 AM 11:59

Sunshine Medical Transport Services Inc.

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

P13000076131

(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:

Sunshine Nonemergency Transport Services Inc. The new 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)

N/A

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 in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent N/A

(Florida street address)

New Registered Office Address: N/A, Florida
(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.

Signature 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 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:

Change PT John Doe

Remove V Mike Jones

Add SV Sally Smith

Type of Action
(Check One)

Title

Name

Address

- 1) Change
 Add
 Remove

CFO Daniel Xavier

1360 NE 132st
Miami, FL 33161

- 2) Change
 Add
 Remove

VP Islande Delva

250 NE 48th Terrace
Miami, FL 33137

- 3) Change
 Add
 Remove

Sec Wayne Jean Baptiste

1360 NE 132nd Street
Miami FL 33161

- 4) Change
 Add
 Remove

Sec Daniel Q Xavier Jr.

1360 NE 132nd Street
Miami, FL 33161

- 5) Change
 Add
 Remove

- 6) Change
 Add
 Remove

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

N/A

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

N/A

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: 11/13/13
(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)

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 11/13/13

Signature Anne S. Xavier
(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)

Anne S. Xavier
(Typed or printed name of person signing)

president
(Title of person signing)