# P130000 78641

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#### **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MEDISCOPE INC
DOCUMENT NUMBER: P13000078641

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

Please return all correspondence concerning this matter to the following:

LAURYN CHARLES

Name of Contact Person

ACCOUNTABLE FINANCIAL

Firm/ Company

625 SE 10TH STREET STE 2

Address

**DEERFIELD BEACH FL 33441** 

City/ State and Zip Code

### LCHARLES@AFSGCONSULTING.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LAURYN CHARLES

...954

933-1558

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

□\$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** 

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 Articles of Incorporation** of

## MEDISCOPE INC

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

## P13000078641

(Document Number	of Corporation (if know	wn)			
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	rida Statutes, this <i>Flori</i>	da Profit Corporation adop	nts the follow	ing amendr	nent
A. If amending name, enter the new name of the	corporation:				
	·			The no	
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or t	orp, " "Inc, " or "Co".	A professional corporation	ted" or the on name mus	abbreviati et contain t - 🖚	on he
B. Enter new principal office address, if application	hlor		ALL SES		
(Principal office address MUST BE A STREET A			<u> </u>		3
	_			-1	1
			<u> </u>	2	T
C. Enter new mailing address, if applicable:			<u>m</u> ⇔	$\triangleright$	-
(Mailing address MAY BE A POST OFFICE I	<i>BOX</i> )		<u> </u>	- 년 	
			9. 9.	2	
	_			_	
D. If amending the registered agent and/or registered agent and/or the new register		n Florida, enter the name	of the		
	<del></del>				
Name of New Registered Agent					
	(Florida street aa	drass			
	ir iorida sireer aa	uress,			
New Registered Office Address:	(City)	, Florida	(Zip Code)	<del></del>	
	(611)		(Elp Chit)		
New Registered Agent's Signature, if changing F					
I hereby accept the appointment as registered agen	t. I am familiar with a	ind accept the obligations of	of the positior	t.	

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: X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	Р	DON LISIEWSKI	15048 SW 51ST STREET
Add			DAVIE FL 33331
Remove			
2) Change	VP	DANIEL HELME	1301 E ATLANTIC BLVD
Add			POMPANO BEACH FL
Remove			33060
3) Change	Р	STANLEY NOREIKA	4236 NW 120TH AVE
Add			CORAL SPRINGS FL
Remove			33065
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			-
6) Change			
Add			
Remove			

, 9	icles, enter change(s) here: (Be specific)	
The state of the s		
\		
· ·		
	<del>-</del>	
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
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provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	

The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable: 05/23/2014	
(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 by the shareholders was/were sufficient for approval.	nt(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ement
"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.	older
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 5-23.14	
Dated5-23.14 Signature	
(By a director, president or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other cappointed fiduciary by that fiduciary)	
STANLEY NOREIKA	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	