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SECRETARY OF STATE SIVISION OF CHEPORATION

OCT 2.1 2013

COVER-LETTER

Division of Corporations				
NAME OF CORPORATION: ZH MEDICAL TRANSPORTATION AND ASSOCIATED SERVICE INC				
DOCUMENT NUMBER: P13000081721				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
ZACHARY H HOWARD				
Name of Contact Person				
ZH MEDICAL TRANSPORTATION & ASSOCIATED SERVICES INC				
Firm/ Company				
1095 MILITARY TRAIL UNIT 8732				
Address				
JUPITER, FL 33468 City/ State and Zip Code				
, .				
transandassocservices@gmail.com E-mail address: (to be used for future annual report notification)				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
ZACHARY H HOWARD USE EMAIL PLEASE				
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 \$43.75 Filing Fee Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301				

Articles of Amendment Articles of Incorporation

ZH MEDICAL TRANSPORTATION AND ASSOCIATED SERVICES INC

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

idment(s) to

(Document Number of Corporation	(if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amend	
A. If amending name, enter the new name of the corporation: ZH MEDICAL TRANSPORTATION & A	SSOCIATED SERVICES INC $_{\mathit{The}}$,	
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	ion," "company," or "incorporated" or the abbreviat "Co". A professional corporation name must contain	
B. Enter new principal office address, if applicable:	ZACHARY H HOWARD	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	1095 MILITARY TRAIL UNIT 8732	
	JUPITER, FL 33468	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ZACHARY H HOWARD	
<u></u>	1095 MILITARY TRAIL UNIT 8732	
	JUPITER, FL 33468	
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre		
Name of New Registered Agent ZACHARY H F	IOWARD	
1095 MILITARY	Y TRAIL UNIT 8732	
(Florida s New Registered Office Address: JUPITER	street address) , Florida 33468	
(Cit		

ignature of New Registered Agent, if changing

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

New Registered Agent's Signature, if changing Registered Agent:

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 <math>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> <u>John</u>	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u> Jones</u>	
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Owner	ZACHARY H HOWARD	1095 MILITARY TRAIL
Add			UNIT 8732
Remove			JUPITER, FL 33468
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
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)				
PLEASE ADD MY FEI/EIN NUMB	ER: 46-3808668			
10/944				
	7777			
F. If an amendment provides for an exchar	nge, reclassification, or cancellation of issued shares, Iment if not contained in the amendment itself:			
(if not applicable, indicate N/A)	ment if not contained in the amendment tisen.			
N/A				
	1 9 0 0 1 1 1 A 20 A 2			
4-1-1				

date this document was signed.	, if other than the
Effective date if applicable: IMMEDIATELY	
(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	
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 10/10/2013	
Signature M. J. J.	
(By adjuctor, 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)	
ZACHARY H HOWARD	
(Typed or printed name of person signing)	_
OWNER	
(Title of person signing)	