P1300081979

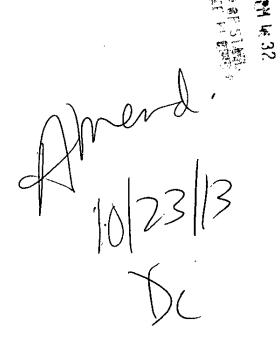
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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: _TIMOTHEE MEDICAL CORP. DOCUMENT NUMBER: P13000081979 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JENNIFER TIMOTHEE OLIVERAS Name of Contact Person TIMOTHEE MEDICAL CORP. Firm/ Company 7850 BROADSTONE LOOP APT 211 Address TAMPA, FL 33625 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JENNIFER TIMOTHEE OLIVERAS Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee **□\$43.75** Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Amendment Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

TIMOTHEE MEDICAL CORP.

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

P13000081979				3
(Documer	nt Number of Corporation ((if known)	ラック (株式)	· *\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporal	tion adopts the following	g amendment(
A. If amending name, enter the new na	nme of the corporation:			
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professional co		
B. Enter new principal office address,				-
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)	-		
		.		-
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)				-
		<u></u>		-
				-
D. If amending the registered agent an new registered agent and/or the new			e name of the	
Name of New Registered Agent	TIMOTHEE OLI		ER	
Name of New Registered Agent	7850 BROADSTO			
		reet address)	<u></u>	
New Registered Office Address:	TAMPA	. FI	orida 33625	
	(City))	(Zip Code)	-
New Registered Agent's Signature, if cl				
I hereby accept the appointment as regist	ered agent. I am familiar	with and accept the oblig	gations of the position.	
Sig	gnature 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 <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.

X Change	PT	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s	
1) Change	Р	OLIVERAS TIMOTHEE	7850 BROADSTONE LOOF	
Add		JENNIFER	APT 211	
Remove			TAMPA, FL 33625	
2) Change	Р	TIMOTHEE, OLIVERAS	7850 BROADSTONE LOOF	
Add		JENNIFER	APT 211	
Remove			TAMPA, FL 33625	
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		· 		
Add				
Remove				
6) Change				
Add				
Remove				

If amending or adding additional Art (Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
If an amendment provides for an avoi	change, 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:

date this document was signed.	adoption:	, if other than the
•	OCTOBER 9, 2013	
Effective date in applicable.	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	•
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	,,,	
	(voting group)	
The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
Dated OCTO	BER 9, 2013	
Signature	Chem	
selec	a director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	JENNIFER TIMOTHEE OLIVERAS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	