PH000074601

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SECRETARY OF STATE

OCT 0.2 2015 C. CARROTHERS

COVER LETTER :

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: <u>Gateway Filter Supply, Inc.</u> DOCUMENT NUMBER: <u>P14000074601</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person Firm/ Company 8668 S. W. 18th Ave. Address Stuart, Florida 34997 City/ State and Zip Code Msmandc Caol. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mathew Mandesc at (772) 215-4421 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 Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Street Address Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Articles of Amendment

to

Articles of Incorporation of

Gateway Filter	Supply,	Inc.	
(Name of Cor	poration as durrer	ntly filed with the Florida Dept. of State)	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
P14000074	1601		- S S
	Document Number	of Corporation (if known)	EP 2
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, th	is <i>Florida Profit Corporation</i> adopts the fo	
A. If amending name, enter the new name of			
Seaside Medical J	apply ,	Inc.	The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	ne word [corporat "Corp," "Inc," or	ion," "company," or "incorporated" or "Co". A professional corporation name a "P.A."	must contain the
B. Enter new principal office address, if applicable:		8668 S.W. 18th 1	4ve
(Principal office address MUST BE A STREE		8668 S.W. 18th 1 Stuart, FL 3	1997
		370000	
			·
C. Enter new mailing address, if applicable:		0110 CW 10H	مر الله
(Mailing address <u>MAY BE A POST OFFI</u>	CE BOX)	8668 S.W. 18th 1 Stuart, FL 349	TUC.
		Stuart, FL 349	97
		,	
D. If amending the registered agent and/or r new registered agent and/or the new regis			
	N /A	<u></u>	
Name of New Registered Agent	N/~		
	(Florida)	street address)	
New Registered Office Address:	N/A	, Florida	
	•	(City)	(Zip Code)
New Registered Agent's Signature, if changing	na Registered Age	nt.	
I hereby accept the appointment as registered a			sition.
	N/A		
	[14] /7	Registered Agent, if changing	
	Signature of New	r kegisterea Agent, ij 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	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	<u>e Jones</u>	
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
l) Change		_N/A	
Add		l	
Remove		/	
2) Change		_N/A	
Add		1	
Remove		11	
3) Change		N/A	
Add		l	
Remove		/	
4) Change		N/A	
Add			
Remove		1	· · · · · · · · · · · · · · · · · · ·
5) Change		N/A	
Add		,	
Remove		1	
6) Change		N/A	
Add		l	
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 sha	res.
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
<i>f</i>	
N/A	
	, <u> </u>
	<u> </u>

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	e will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ 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 statemen must be separately provided for each voting group entitled to vote separately on the amendment(s):	at
"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.	
pmd 9/22/2015	
Signature Statthe A. Standlese President	
(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)	
Matthew S. Mandese	
(Typed or printed name of person signing)	
President	
(Title of person signing)	