

P15000 00 8409

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(City/State/Zip/Phone #)

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1 ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MOBILITY MEDICAL TRANSPORT, INC

DOCUMENT NUMBER: P15000008409

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

Please return all correspondence concerning this matter to the following:

COLLAZO EXPOSITO, MARIA J

Name of Contact Person

MOBILITY MEDICAL TRANSPORT, INC

Firm/ Company

3590 NW 49 ST

Address

MIAMI, FL 33142

City/ State and Zip Code

CONTACT@MOBILITYMEDICALTRANSPORTS.COM

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

For further information concerning this matter, please call:

COLLAZO EXPOSITO, MARIA J

Name of Contact Person

305

849-0214

at ()

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 8, 2019

MARIA J. COLLAZO EXPOSITO
3590 NW 49 ST
MIAMI, FL 33142

SUBJECT: MOBILITY MEDICAL TRANSPORT, INC
Ref. Number: P15000008409

We have received your document for MOBILITY MEDICAL TRANSPORT, INC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

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

Irene Albritton
Regulatory Specialist II

Letter Number: 819A00013712



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 22, 2019

MARIA J. COLLAZO EXPOSITO
3590 NW 49 ST
MIAMI, FL 33142

SUBJECT: MOBILITY MEDICAL TRANSPORT, INC
Ref. Number: P15000008409

We have received your document for MOBILITY MEDICAL TRANSPORT, INC.
However, the document has not been filed and is being returned for the following:

The document must have original signatures.

You failed to sign the form.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 019A00012648

Articles of Amendment
to
Articles of Incorporation
of

MOBILITY MEDICAL TRANSPORT, INC

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

P15000008409

(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:

ACCESS 2 TRANSPORT 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**)

2013.02.19 11:18:19

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

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 _____

(Florida street address)

New Registered Office Address: _____, 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

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

05/23/2019

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

05/23/2019

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 will not be listed as the document's effective date on the Department of State's records.

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.

05/23/2019

Dated _____

Signature 

(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)

COLLAZO EXPOSITO, MARIA J

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)