P15000042315

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Amend/Mone Chy

I ALBRITTON

COVER LETTER

TO: Amendment Section

Division of Corporation	ons		
NAME OF CORPORAT	ION: MEDIT	Technolog	res Inc.
DOCUMENT NUMBER		42318	
The enclosed Articles of A	mendment and fee are su	bmitted for filing.	
Please return all correspond	dence concerning this mat	tter to the following:	
	Michae	I E. Dinki	ns 2n
		Name of Contact Person	(Indiana Corporation)
	1112 B	Firm/Company	et
		Address Address City/ State and Zip Code	
	Michael.	City/ State and Zip Code Dinkins @ sed for future annual report	suinet
For further information cor	ncerning this matter, pleas	se call:	
Michael 1	3. Dinkins	at (76 S	529-1308 de & Daytime Telephone Number
enclosed is a check for the	rottowing amount made j	payable to the Florida Depa	runent of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
	Address		Address
Amendment Section Amendment Section Division of Corporations Division of Corporations			
P.O. Box 6327 Clifton Building			
Tallahassee, FL 32314 2661 Executive Center Circle			xecutive Center Circle

Tallahassee, FL 32301



July 10, 2015

MICHAEL E. DINKINS MEDIT TECHNOLOGIES INC 1112 BROAD STREET NEW CASTLE, IN 47362

SUBJECT: MEDIT TECHNOLOGIES INC.

Ref. Number: P15000042318

We have received your document for MEDIT TECHNOLOGIES INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The application/form submitted does not meet the requirements of this office; please complete the attached application/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: 315A00014434

IS AUG-3 ANTI: 56



June 22, 2015

MICHEL E. DINKINS SOLUTIONS UNLIMITED, INC. 1112 BROAD STREET NEW CASTLE, IN 47362

SUBJECT: MEDIT TECHNOLOGIES INC.

Ref. Number: P15000042318

We have received your document for MEDIT TECHNOLOGIES INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L06000038790 - SOLUTIONS UNLIMITED LLC.

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

Fire the way

Letter Number: 815A00013066

The same of the same of the

Articles of Amendment

to

Articles of Incorporation of

Wedit lechnologies	Luc.
(Name of Corporation as currently	filed with the Florida Dept. of State)
P15000042	31 8
(Document Number of	
Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>F</i> its Articles of Incorporation:	Clorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Solutions Unlimited MSP	Inc. The new
Solutions Unlimited MSP name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "F	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	6347 Ashley Drive Lakeland, FL
	<u> </u>
	<u> </u>
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	700 Carrier
	- L 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	The state of the s
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent	
	•
(Florida stree	et 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 wi	ith and accept the obligations of the position
Tunifulnia in	and accept the configurations of the position.
•	
Signature of Now Pe	gistered Agent, if changing
Signature of New Re	giorereu rigerii, ij ununging

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>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add		·····		
Remove				
4) Change				
		_		
Add Remove				
Kemare				
5) Change		_		
Add				
Remove				
0 0				
6) Change		<u></u>		
Add				
Damova				

(Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
	
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MAIL 11	
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
provisions for implementing the ame	ange, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself:
provisions for implementing the ame	ange, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself:
provisions for implementing the ame	ange, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself:
provisions for implementing the ame	ange, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself:
provisions for implementing the ame	ange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:

` The date of each amendment(s) a	toption: July 28, 2015	, if other than the
late this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendm	ent file date)
Note: If the date inserted in this blocument's effective date on the De	plock does not meet the applicable statutory filing partment of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cas fficient for approval.	t for the amendment(s)
	proved by the shareholders through voting groups. each voting group entitled to vote separately on the	
	for the amendment(s) was/were sufficient for appro-	oval
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder	action and shareholder
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action	on and shareholder
Dated July Signature	128 2015	
	irector, president or other officer - if directors or o	
	 d, by an incorporator – if in the hands of a receiver ted fiduciary by that fiduciary) 	, trustee, or other court
	Michael E. Dink:	
	(Typed or printed name of person signi	ng)
	President	
	(Title of person signing)	