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(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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Incorporating Services, Ltd., t

3500 S DuPont Highway Dover, DE 19901 302.531.0855 Fax: 302.531.3150 www.Incserv.com e-mail: info@incserv.com

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ORDER FORM

FROM

TO Florida Department of State Division of Corporations, Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 corphelp@dos.myflorida.com 850-245-6051

Melissa Stops mstops@incserv.com 850.656.7953

REQUEST DATE 10/27/201	7 PRIORITY	24 Hours OUR REF # (Order 2

ORDER ENTITY

DISCOVERY MEDICAL SUPPLY, INC.

PLEASE PERFORM THE FOLLOWING SERVICES:

DISCOVERY MEDICAL SUPPLY, INC. (FL)

File the attached amendment

NOTES:

\$35.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Helisse-

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

ID#) 606442

Articles of Amendment to Articles of Incorporation of

Discovery Medical Supply, Inc.

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

P17000016656

(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 pame of the corporation:

B. Enter new principal office address, if applicable:

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."

(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	303 A Stree-

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 Age

(Florida street address)

New Registered Office Address:

(City)

(Zip Code)

Florida

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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

Page 1 of 4

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:

<u>X</u> Change	<u>PT</u> <u>John</u>	Doc	
X Remove	<u>V</u> <u>Mike</u>	: Jones	
<u>X</u> Add	<u>SV Salty</u>	Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
I) X Change	President	Andrew Roberts	3001 Massasoit Avenue
Add			San Diego, CA 92117
Remove			- <u></u> ·
2) Change			
Add			<u> </u>
Remove			
3) Change	<u></u>		
Add			
Remove			<u> </u>
4) Change		<u> </u>	
Add			
Remove			
5) Change			·
Add			
Remove			<u> </u>
6) Change		<u></u>	- <u></u>
Add			
Remove			
		Page 2 of 4	

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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)	If amending or adding additional A (Attach additional sheets, if necessary)	. (Be specific)	-		
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	(if not applicable, indicate N/A)			<u>5111</u>	
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	, u ones dan ac
10/23/17 Effective date <u>if applicable</u> :	
(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 w document's effective date on the Department of State's records.	fill not be listed as the
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	
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.	
10/23/17	
Dated	
Signature/ WIA Server-	
(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)	
Andrew Roberts	
(Typed or printed name of person signing)	<u>_</u>
President	

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(Title of person signing)