

P17 0000 66578

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

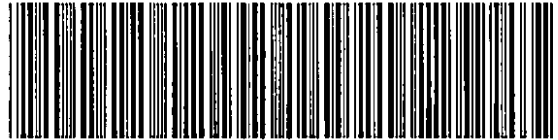
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Signature

Office Use Only



600343839476

05/07/20--01003--010 **35.00

RECEIVED
OFFICE OF THE
CLERK OF THE
JUL 19 19 14 3:52

JUN 30 2020

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: DTC MEDICAL SUPPLIES, INC.

DOCUMENT NUMBER: P17000066578

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

Please return all correspondence concerning this matter to the following:

WILLIAM BIERLEIN

Name of Contact Person

DTC MEDICAL SUPPLIES, INC.

Firm/ Company

10151 UNIVERSITY BLVD. #328

Address

ORLANDO, FL 32817

City/ State and Zip Code

WILLIAM@DRUGTESTINGSUPPLIES.COM

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

For further information concerning this matter, please call:

WILLIAM BIERLEIN at (321) 704-9230
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:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2010 JUN 10 10:38:52
FLORIDA
DEPARTMENT OF
STATE
DIVISION OF
CORPORATIONS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2020 JUN 19 PM 12:07

June 2, 2020

WILLIAM BIERLEIN
DTC MEDICAL SUPPLIES, INC.
10151 UNIVERSITY BLVD. #328
ORLANDO, FL 32817

SUBJECT: DTC MEDICAL SUPPLIES, INC.
Ref. Number: P17000066578.

We have received your document for DTC MEDICAL SUPPLIES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **PROFIT** corporation it must be signed 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.

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.

Diane Cushing
Senior Section Administrator

Letter Number: 320A00010910

Articles of Amendment
to
Articles of Incorporation
of

DTC MEDICAL SUPPLIES, INC.

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

P17000066578

(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:

N.A. 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**)

N.A.

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

N.A.

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 N.A.

(Florida street address)

New Registered Office Address: N.A. Florida N.A.
(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

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 V Mike Jones

X Add SV Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <u> </u> Change	<u>V</u>	<u>JAMES WHITE</u>	<u>2423 S ORANGE AVE</u>
<u> </u> Add			<u>#311</u>
<u>X</u> Remove			<u>ORLANDO, FL 32806</u>
2) <u> </u> Change	<u>CFO</u>	<u>ERNEST C SVARA</u>	<u>10151 UNIVERSITY BLVD</u>
<u>X</u> Add			<u>#328</u>
<u> </u> Remove			<u>ORLANDO, FL 32817</u>
3) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			
4) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			
5) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			
6) <u> </u> Change			
<u> </u> Add			
<u> </u> 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 shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

SHARES ISSUED TO JAMES WHITE TO BE TRANSFERRED TO ERNEST SVARA

05/05/2020

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

05/05/2020

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 incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ 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 DTC MEDICAL SUPPLIES, INC.
(voting group)"

05/05/2020

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)

William Brekin

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)