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COVER LETTER

TO: Amendment Section

Division of Corporations

Amendment Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPORATION: Margate Medical Training Center 9	NC
DOCUMENT NUMBER: P17-00081228	
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 Margate Medical Trans (cuts In Firm/ Company 201 N. State Reach 7 Address Margate Fl 33063 City/ State and Zip Code C+vm/a att not E-mail address: (to be used for future annual report notification)	J
For further information concerning this matter, please call: \[\begin{array}{cccccccccccccccccccccccccccccccccccc	-
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Mailing Address \$43.75 Filing Fee Certified Copy (Certificate of Status Certified Copy (Additional Copy is enclosed) **Street Address** Street Address**	

Amendment Section

Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

FILED

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to Articles of Inco of	orporation [A] A.
Margate Medical (Name of Corporation as currently	r filed with the Florida Dept. of State
P1760008177	
	Corporation (if known)
suant to the provisions of section 607,1006, Florida Statutes, this <i>I</i> Articles of Incorporation:	Clorida Profit Corporation adopts the following amendment
If amending name, enter the new name of the corporation:	A / A The new
me must be distinguishable and contain the word "corporation" "orp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "Cord "chartered," "professional association," or the abbreviation "i	n." "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the
Enter new principal office address, if applicable: incipal office address <u>MUST BE A STREET ADDRESS</u>)	n A
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N IP
If amending the registered agent and/or registered office addr- new registered agent and/or the new registered office address:	
Name of New Registered Agent	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
(Florida stre	ret address)
New Registered Office Address:	(City) , Florida (Zip Code)
ew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar w	

Signature of New Registered Agent, if 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, President. President. President. President. President.

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	
Type of Action (Check One) 1) Change	Title Name Samuel Water	Address 5398 NW (26 D) we. Coral Springs F1 33076
Add Remove		Coral Springs F1 33076
2) Change Add		
Remove 3) Change Add		
4) Change Add		
Remove 5) Change Add Remove		
6) Change Add Remove		

ach additional sheets, if necessary)	Articles, enter change(s) here: v). (Be specific)
	il
	
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n amendment provides for an ex	xchange, reclassification, or cancellation of issued shares,
ovisions for implementing the an (if not applicable, indicate N/A)	mendment if not contained in the amendment itself:
	ſ^
	<u> </u>
	<u> </u>
	Y
	Y

The date of each amendment(s) adoption: $6024/8$, if other than the
fate this document was signed.
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 will not be listed as the document's effective date on the Department of State's records.
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 statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes east 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.
Dated 6 19 18
Signature (100 at 965)
(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 tiduciary by that fiduciary)
(Typed or printed name of person signing)
(Typed or printed name of person signing)
<u>Crosident</u>
(Title of person signing)