P18000018212

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.Incserv.com

e-mail: info@incserv.com

incserv°

2018 HOV 13 PH 45 E7

ORDER FORM

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

FROM Melissa Stops mstops@incserv.com 850.656.7953

REQUEST DATE 11/13/2018

850-245-6051

PRIORITY Routine

OUR REF # (Order ID#), 695529

ORDER ENTITY

HELPFUL HOME MEDICAL SUPPLY, INC.

PLEASE PERFORM THE FOLLOWING SERVICES:

HELPFUL HOME MEDICAL SUPPLY, INC. (FL)

File the attached amendment

Please provide a certified copy as evidence.

NOTES:

\$43.75 Authorized

Email address for annual report reminders: FrenchTL@hotmail.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

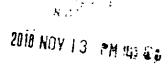
If you have any questions please contact me at 656-7956,

Sincerely,

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.

Tuesday, November 13, 2018 Page 1 of 1

Articles of Amendment to Articles of Incorporation of



Helpful Home Medical Supply, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P18000018212 (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: 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) 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: Terence French Name of New Registered Agent 99 NW 183rd St., 205A (Florida street address) , Florida 33169 North Miami Beach New Registered Office Address: (City) 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

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	Kelly L Wolfe	454 20th Ave
Add			Indian rocks Beach
X Remove			FL 33785
2) Change	P	Terence French	99 NW 183rd St., 205A
X Add			North Miami Beach
Remove			FL 33169
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	_	_	
Add			
Remove			

If amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)		
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	-		
	<u>.</u>		
			
			
an amendment provides for an exch	inge, reclassification, or can	cellation of issued shares,	
orovisions for implementing the amer (if not applicable, indicate N/A)	dment if not contained in th	e amendment itself:	

The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date <u>if applicable</u> :		
Enective date it applicable.	(no more than 90 days after amendment file date)	<u> </u>
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, epartment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amend ufficient for approval.	iment(s)
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The following a reach voting group entitled to vote separately on the amendment(s	statement s):
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by		
•	(voting group)	
The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder	reholder
☐ The amendment(s) was/were acceptance acceptance.	opted by the incorporators without shareholder action and sharehol	lder
11- 8-2018 Dated		
Signature		
(By a select	director, president or other officer - if directors or officers have no ed, by an incorporator - If in the hands of a receiver, trustee, or oth need fiduciary by that fiduciary)	t been er court
	Terence French	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	