P1800020893

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(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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C. GOLDEN
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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

incserv²

ORDER FORM

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

FROM Melissa Stops mstops@incserv.com 850.656.7953

REQUEST DATE 12/27/2018

PRIORITY Routine

OUR REF # (Order ID#) 710773

ORDER ENTITY

PARADISE MEDICAL SOLUTIONS, INC.

PLEASE PERFORM THE FOLLOWING SERVICES:

PARADISE MEDICAL SOLUTIONS, INC. (FL)

File the attached amendment

Please provide a certified copy as evidence.

NOTES:

\$43.75 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,

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.

Thursday, December 27, 2018 Page 1 of 1

Articles of Amendment to Articles of Incorporation of

FILED

2018 DEC 27 AM 11: 13

Paradise Medical Solutions, Inc.			DEC 27 AMI
P18000020893	of Corporation as current	y filed with the Florida Dept.	of State) SALL AHASSEE.
	(Document Number o	f Corporation (if known)	
Pursuant to the provisions of section 60? its Articles of Incorporation:	7.1006, Florida Statutes, this	Florida Profit Corporation add	opts the following amendment(s) to
A. If amending name, enter the new r	name of the corporation:		
·			The new
name must be distinguishable and co. "Corp.," "Inc.," or Co.," or the desig word "chartered," "professional associ	nation "Corp," "Inc," or '	'Co". A professional corporat	
B. Enter new principal office address	nter new principal office address, if applicable:		nite 404
(Principal office address MUST BE A.		Miami Gardens, FL 33169	
:		 	
C. Enter new mailing address, if app (Mailing address MAY BE A POST			
(matting titutess <u>mai blaids</u>	OTTICE BOX	<u> </u>	
•		 	
D. If amending the registered agent a			e of the
new registered agent and/or the ne	Joshua A. Ehrenfeld	<u>:</u>	
Name of New Registered Agent			
•	50 North Laura Street, Su		
	(Florida str Jacksonville	eet address)	32202
New Registered Office Address	Jacksonvine	(City)	Florida (Zip Code)
i			, , ,
1			
New Registered Agent's Signature, if a I hereby accept the appointment as regis			of the position
r hereby accept the appointment as regu	nerea ageni. Tam jamiliar (чин ана ассері іне обиханоня	of the position.
	Signature of New E	Pagistarad Agant 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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
I) Change	Р	Schuyler S. Poppe	454 20th Ave
Add	 -		Indian Rocks Beach, FL 33785
X Remove			
2)Change	P	Lateese Ford	1619 Phoenix Blvd, Suite 280
X Add			Atlanta, GA 30349
Řemove			
3) Change			
Add			
Remove			
4)Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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The date of each amendment(s) adoption:, if other than the
date this document was signed.
Established if applicable:
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 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 (voting group)
(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 12.21.18 Signature 65 - 16.11 - 17.21 - 18.21
Signature Asia De
(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)
Lateese Ford
(Typed or printed name of person signing)
President
(Title of person signing)