

P1800001038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

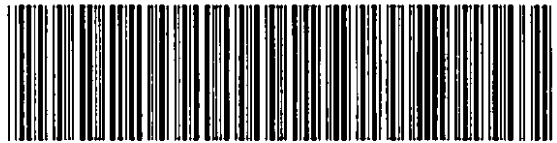
(Business Entity Name)

(Document Number)

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2018 AUG 27 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FL

R. WHITE

AUG 30 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 17, 2018

JOHN L. RAINERI
2365 STONEGATE DR
WELLINGTON, FL 33414

SUBJECT: ARMOUR MEDICAL SUPPLIES, INC.
Ref. Number: P18000040318

We have received your document for ARMOUR 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):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

****PLEASE ONLY CHECK ONE BOX****

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.

Rebekah White
Regulatory Specialist II

Letter Number: 418A00017118

RECEIVED

18 AUG 27 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Armour Medical Supplies Inc

DOCUMENT NUMBER: P18000040318

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

Please return all correspondence concerning this matter to the following:

John L Raineri
Name of Contact Person
Armour Medical Supplies Inc
Firm/ Company
2365 Stonegate Dr
Address
Wellington, FL 33414
City/ State and Zip Code

info@ArmourMed.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John L Raineri at (954) 483-9975
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

Armour Medical Supplies Inc

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

P18000040318

(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:

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**)

2365 Stonegate Dr Wellington FL 33414

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

13860 Wellington Trace ste 38 #156

Wellington FL 33414

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 _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(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

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2018 AUG 27 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FL

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>COO</u> | <u>Lucas Dinga</u> | <u>2365 Stonegate Dr</u> |
| <u> </u> Add | | | <u>Wellington FL 33414</u> |
| <u>X</u> Remove | | | |
| 2) <u> </u> Change | <u>P</u> | <u>John L Raineri</u> | <u>2365 Stonegate Dr</u> |
| <u>X</u> Add | | | <u>Wellington FL 33414</u> |
| <u> </u> Remove | | | |
| 3) <u> </u> Change | <u>S</u> | <u>Melissa Raineri</u> | <u>2365 Stonegate Dr</u> |
| <u>X</u> Add | | | <u>Wellington FL 33414</u> |
| <u> </u> Remove | | | |
| 4) <u> </u> Change | <u>V</u> | <u>Lucas Dinga</u> | <u>2365 Stonegate Dr</u> |
| <u>X</u> Add | | | <u>Wellington FL 33414</u> |
| <u> </u> Remove | | | |
| 5) <u> </u> Change | <u>T</u> | <u>John L Raineri</u> | <u>2365 Stonegate Dr</u> |
| <u>X</u> Add | | | <u>Wellington FL 33414</u> |
| <u> </u> Remove | | | |
| 6) <u> </u> Change | | | |
| <u> </u> Add | | | |
| <u> </u> Remove | | | |

(Attach additional sheets, if necessary). (Be specific)

[illegible]

(if not applicable, indicate N/A)

[illegible]

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

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)

☒ 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.

13 August 2018
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)

John L Raineri

(Typed or printed name of person signing)

CEO

(Title of person signing)