

PI2000053227

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

(Document Number)

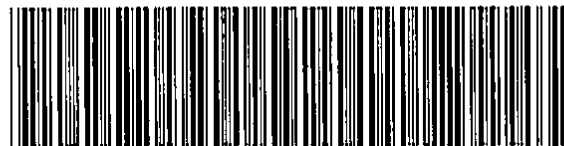
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**FILED**  
2018 AUG - 2 PM 2:19  
SECRETARY OF STATE  
TALLAHASSEE, FL

C GOLDEN

AUG - 6 2018

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: IMPERIAL MEDICAL TRNSPORTATION INC

DOCUMENT NUMBER: P18000053227

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

Please return all correspondence concerning this matter to the following:

MARIO LENIS VALENTIN

Name of Contact Person

IMPERIAL MEDICAL TRNSPORTATION INC

Firm/ Company

12701 S. JOHN YOUNG PKWY

Address

ORLANDO FL 32837

City/ State and Zip Code

IMPERIALMEDICALTRANSPORTATION@GMAIL.COM

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

For further information concerning this matter, please call:

MARIO L VALENTIN at ( 407 ) 8553257  
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 type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 6, 2018

MICHAEL LEON  
12701 SOUTH JOHN YOUNG PARKWAY  
SUITE 208  
ORLANDO, FL 32837

SUBJECT: IMPERIAL MEDICAL TRANSPORTATION INC  
Ref. Number: P18000053227

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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.

Claretha Golden  
Regulatory Specialist II

Letter Number: 418A00013999

RECEIVED  
18 AUG - 2 AM 11:22  
SECRETARY OF STATE  
TALLAHASSEE, FL 32314

Articles of Amendment  
to  
Articles of Incorporation  
of

**FILED**

2018 AUG -2 PM 2: 19

IMPERIAL MEDICAL TRANSPORTATION INC

(Name of Corporation as currently filed with the Florida Dept. of State) SECRETARY OF STATE  
TALLAHASSEE, FL

P18000053227

(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:**

IMPERIAL MEDICAL TRANSPORTATION INC.

*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)

12701 S. JOHN YOUNG PKWY SUITE 208

ORLANDO FL 32837

**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:**

Name of New Registered Agent MARIO L VALENTIN

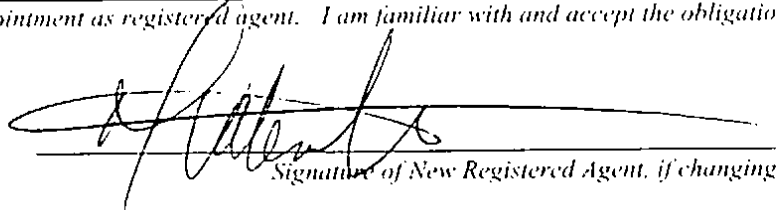
12701 S. JOHN YOUNG PKWY SUITE 208

(Florida street address)

New Registered Office Address: ORLANDO FL, Florida 32837  
(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



**E. If amending or adding additional Articles, enter change(s) here:**

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

IMPERIAL MEDICAL TRANSPORTATION INC

ARTICLE III UPDATES

INDIVIDUAL MEDICAL TRANSPORTATION ANY AND LAWFUL BUSINESS

ARTICLE IV UPDATES

THE NUMBERS OF SHARES THE CORP IS AUTHORIZED TO ISSUE IS:

100 SHARES BETWEEN OWNERS IN EVEN AMOUNTS 50% EACH

**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)*

N/A

06/25/2018

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.

06/25/2018  
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)

MARIO L VALENTIN

\_\_\_\_\_  
(Typed or printed name of person signing)

VICE PRESIDENT

\_\_\_\_\_  
(Title of person signing)