P1800055145

Requestor's Name)				
Address)				
Address)				
City/State/Zip/Phone #)				
WAIT MAIL				
Business Entity Name)				
(Document Number)				
Certificates of Status				
Special Instructions to Filing Officer:				

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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

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NAME OF CORPORATION: CLEARWAY	TER MEDICAL SUPPLY, INC.
DOCUMENT NUMBER: P18000055145	
The enclosed Articles of Amendment and fcc	are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
W. Vitali	Name of Contact Person
(Clea	rwater Medical Supply Inc Firm' Company 1110th Ann 112
3 : (/ 1/ /	190 700 11 217
Clear	Address Water F1 33762 City/ State and Zip Code
E-mail address: (to	ter medical supply inc Qumuil. Com be used for future annual report hotification)
For further information concerning this matter,	in the second of
Name of Contact Person	at (5/6) 3/2-5052 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount n	nade payable to the Florida Department of State:
\$35 Filing Fee	# □\$43.75 Filing Fee & □\$52.50 Filing Fee
Mailing Address Amendment Section Division of Corporations	Street Address Amendment Section Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

Clearwater Medical Supply T

(Name of Corporat	tion as currently filed with the Florida Dept. of State)	
P18000055145		
(Docu	ment Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Floricits Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the follow	ving amendment(s) t
A. If amending name, enter the new name of the c	erporation;	
		The new
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corpword "chartered," "professional association," or the	ord "corporation," "company," or "incorporated" or the p." "Inc," or "Co". A professional corporation name must abbreviation "P.4."	chhrmiation
B. Enter new principal office address, if applicable	<u>e:</u>	
(Principal office address <u>MUST BE A STREET AD)</u>	DRESS)	
		
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u>)X</u>)	
		···
D. If amonding the perintend	1.65	
new registered agent and/or the new registered	red office address in Florida, enter the name of the loffice address:	(c)
Name of New Registered Agent	·	.
nume of new negative and agent		
-	(Florida street address)	화 첫날
	p to state the many (3.5)	73 E5
New Registered Office Address:	, Florida	v Code) 55
	(29	s coney
New Registered Agent's Signature, if changing Reg	gistered Agent:	
ncreny accept the appointment as registered agent.	I am familiar with and accept the obligations of the position	•
·		
Sign	nature 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.

Example: X.Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
I) Change	P	KELLY WOLFE	4707 140th Ave N #312
Add X Remove			Clearwater, FL 33762
2) Change	P	ANISOV VITALIY	4707 140th Ave N #312
X Add			Clearwater, FL 33762
Remove	•		
3) Change			
Add			
Remove			
4)Change			
Add			
Remove			
5) Change			
Add			
Remove			
θ) Change			
Add			
Remove			

	(Be specific)
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f an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,
<u>provisions for implementing the amen</u>	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
f an amendment provides for an excha provisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
<u>provisions for implementing the amen</u>	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
<u>provisions for implementing the amen</u>	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
<u>provisions for implementing the amen</u>	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
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<u>provisions for implementing the amen</u>	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
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<u>provisions for implementing the amen</u>	ange, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself:
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<u>provisions for implementing the amen</u>	idment if not contained in the amendment itself:
<u>provisions for implementing the amen</u>	ndment if not contained in the amendment itself:

NOVEMBER 28TH 2018	
The date of each amendment(s) adoption: Jate this document was signed.	, if other than the
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 valuement's effective date on the Department of State's records.	vill not be listed as the
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.	
Dated	
Signature B Immof	
(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)	
(Typed or printed name of person signing)	
(Title of person signing)	
(Title of person signing)	