P18000059824

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Amend

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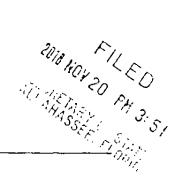
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: RESURGE MEDI	CAL SUPPLY INC	
DOCUMENT NUMI	BER: P18000059824		
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	JONATHAN TANNER		
		Name of Contact Person	
	RESURGE MEDICAL SUP	PLY INC	
		Firm/ Company	
	2938 WEST BAY DRIVE, S		
		Address	
	BELLEAIR BLUFFS, FL 33	770	
		City/ State and Zip Code	:
JT:@1	RESURGEMS.COM		
	E-mail address: (to be u	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
JONATHAN TANNI	ER	727	935-5405
Name	of Contact Person	Area Coo	935-5405 le & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	rtment of State;
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



RESURGE MEDICAL SUPPLY INC (Name of Corporation as currently filed with the Florida Dept. of State) P18000059824 (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." 2938 WEST BAY DRIVE B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) SUITE B BELLEAIR BLUFFS, FL 33770 C. Enter new mailing address, if applicable: 2938 WEST BAY DRIVE (Mailing address MAY BE A POST OFFICE BOX) SUITE B BELLEAIR BLUFFS, FL 33770 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: RICHARD STEINKOHL Name of New Registered Agent 95 NE 4TH AVENUE, SUITE 2 (Florida street address) DELRAY BEACH Florida_____33483 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.

Example: 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)	<u>Title</u>	<u>Name</u>	Address
1) Change	Р	KELLY WOLFE	454 20TH AVE
Add			INDIAN ROCKS BEACH, FL
X Remove			33785
2) Change	CEO	JONATHAN TANNER	2938 WEST BAY DRIVE
X Add			SUITE B
Remove			BELLEAIR BLUFFS, FL 33770
3) Change	V	RICHARD STEINKOHL	2938 WEST BAY DRIVE
X Add			SUITE B
Remove			BELLEAIR BLUFFS, FL 33770
4) Change		-	·
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or addin (Attach additional shee	ts, if necessary). (E	3e specific)			
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If an amendment pro- provisions for imple (if not applicable	menting the amendm	e, reclassification, sent if not containe	or cancellation of d in the amendmen	issued shares, nt itself:	
	-				
					

NOVEMBER 16, 2018	
The date of each amendment(s) adoption:	_, if other than the
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 document's effective date on the Department of State's records.	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.	
NOVEMBER 16, 2018 Dated	
Signature Shehof Steer 164	
(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)	
RICHARD STEINKOHL	
(Typed or printed name of person signing)	
VICE PRESIDENT	
(Title of person signing)	