P180000 711 40

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

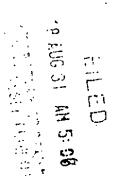
Office Use Only



300317271313

08.781710--01737--004 **S2.50

S TALLENT SEP 0 6 2018



frend

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	ORATION: Pasco Medical Tra	nining Inc.	
DOCUMENT NUM	MBER: P18000071140	- NO AL-LA	
	es of Amendment and fee are su	abmitted for filing.	
Please return all cor	respondence concerning this ma	itter to the following:	
	Robert G. Swain, Jr.		
		Name of Contact Person	
		Firm/ Company	
	8466 Cessna Dr		
		Address	, ,
	New Port Richey, FL 3465-	1	
	., .,	City/ State and Zip Code	
swa	ain.bob2@gmail.com		,
	E-mail address: (to be us	sed for future annual report	notification)
For further informat	ion concerning this matter, pleas	se call:	
Robert G. Swain, Jr		at (208-3639
Nam	e of Contact Person	Area Coo	le & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	rtment of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$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		Amenda Division Clifton	Address ment Section n of Corporations Building kecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Pasco Medical Training, Inc.				
(Name of Corpo	ration as currently filed	with the Florida Dep	t. of State)	
P18000071140				
(De	ocument Number of Corpo	oration (if known)		
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this <i>Florid</i>	a Profit Corporation a	dopts the fo	llowing amendmo
A. If amending name, enter the new name of th	ne corporation:			
				The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Cword "chartered," "professional association," or	Torp," "Inc," or "Co".			
B. Enter new principal office address, if applic			 	
Principal office address <u>MUST BE A STREET</u>	ADDRESS)			
				
				1 , 00
C. Enter new mailing address, if applicable:				777
(Mailing address MAY BE A POST OFFICE	<u></u>			
				<u> </u>
				, p
 If amending the registered agent and/or reg new registered agent and/or the new register 		Florida, enter the nar	ne of the	र्जुं 🕳
	eu omee udurex.			
Name of New Registered Agent	.,			
	(Florida street add	ress)		
New Registered Office Address:			Florida	
	(City)			(Zip Code)
New Registered Agent's Signature, if changing	Registered Agent:			
hereby accept the appointment as registered age		d accept the obligation	is of the pos	ition.
		· . : · · · · ·	<u> </u>	
	Signature of New Register	red 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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			<u> </u>
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			·
6) Change			
	4		· · · · · · · · · · · · · · · · · · ·
Add			
Remove			

(Attach additional sheets, if necessary). (Be specific) Article IV
The number of shares the corporation is authorized to issue is:
1,000,000
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

The date of each amendment(s) ad date this document was signed.	option:, if other than
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this be document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will not be listed as partment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were ado by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast	or the amendment(s) was/were sufficient for approval
by	, , , , , , , , , , , , , , , , , , ,
	(voting group)
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder
The amendment(s) was/were ado action was not required.	oted by the incorporators without shareholder action and shareholder
August 28, Dated	2018
Signature	
selected	rector, president of other officer – if directors or officers have not been , by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	Robert G. Swain, Jr.
•	(Typed or printed name of person signing)
	President
	(Title of person signing)

the

the