Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

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Account Number : 120000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN QUALITY MED SUPPLY INC

| Certificate of Status | 0 |
|-----------------------|---------|
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9 DEC -2 PM 3: 18

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12/02

Electronic Filing Menu

Corporate Filing Menu

Help

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| | Articles of Am | enament | | النبية - |
|--|--------------------------------|-----------------------------|--------------------------|--------------|
| | to Articles of Inco. | rnoration | | |
| | of | i peradeu | 2019 DEC -2 | PH 3: |
| QUALITY MED SUPPLY INC | | | | |
| (Name o | f Corporation as currently | filed with the Florida De | pt. of State) | |
| P19000017613 | | | | |
| | (Document Number of | Corporation (if known) | | |
| Pursuant to the provisions of section 607. its Articles of Incorporation: | 1006, Florida Statutes, this F | lorida Profit Corporation | adopts the following ame | :ndment(s) t |
| A. If amending name, enter the new na | me of the cornoration: | | | |
| N/A | | | The | new |
| name must be distinguishable and contain | the word "corporation" "cr | omnany," or "incornorated | | |
| "Inc.," or Co.," or the designation "C | Corp," "Inc," or "Co". A | professional corporation | name must contain the | word |
| "chartered," "professional association," | or the abbreviation "P.A." | N/A | | |
| B. Enter new principal office address. | | 19724 | | |
| (Principal office address MUST BE AS | TREET ADDRESS) | , | | |
| | • | | | |
| | | | | |
| C 7 4 | laahta. | | | |
| C. Enter new mailing address, if appli (Mailing address MAY BE A POST) | CRDIC: OFFICE BOX) | N/A | | |
| | | | | |
| | | | · | |
| | ; | | | |
| | | | | |
| D. If amending the registered agent an new registered agent and/or the new | | | ame o the | |
| new registered agent allowed the he- | JORGE SOCARRAS | , | | |
| Name of New Registered Agent | | | | |
| | 413 NE VAN LOON LN S | TE 120 | | |
| | ' (Florida stre | et address) | | |
| New Registered Office Address: | CAPE CORAL FLORIDA | • | 33909 , Fk-rida | |
| New Registered Office Address. | 1 (| (City) | (Zip Code) | |
| | | | | |
| | <u>;</u> | | | |
| New Registered Agent's Signature, if c I hereby accept the appointment as regis | tered agent. I am familiar w | ith and accept the obligati | ions of the position. | |
| | ; ~ | • | | |
| | | _ | | |
| | Signature of New Re | egistered Agent, if changin | 8 | |

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.

| imple: Change | PT | John Doe | | |
|------------------|--------------|-------------|--|---------------------|
| lemove | <u>Y</u> | Mike Jones | | |
| Add | <u>sy</u> | Sally Smith | | |
| e of Action | Title | Name | | Address |
| eck One) | P | MILAY | HERNANDEZ | 413 NE VAN LOON LN |
| Change | <u></u> | | | STE 120 |
| X Add | | : | : | CAPE CORAL FL 33909 |
| Remove | P | JORGE | SOCARRAS | 413 NE VAN LOON LN |
| Change | | | <u> </u> | STE 120 |
| Add | | | <u> </u> | CAPE CORAL FL 33909 |
| Remove Change | | | · | |
| Add | | | | |
| Remove | | | | |
| Change | | | | |
| Add | | | · · | |
| Remove | | | : | |
| Change | | | | |
| Add | | | | |
| Remove | | | r | |
| Change | | | | |
| Add | | | 1 | |
| Remove | | | : | |
| | | | Page 2 of 4 | |

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

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

N/A

| | LAZARUS CORPORATE : | PAG |
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| F. If an amendment provides for an exchange | go makesification or cancellation of issued shares. | |
| F. If an amendment provides for an exchange provisions for implementing the amenda | go makesification or cancellation of issued shares. | |
| provisions for implementing the amends (if not applicable, indicate N/A) | | |
| F. If an amendment provides for an exchange provisions for implementing the amendment (if not applicable, indicate N/A) N/A | go makesification or cancellation of issued shares. | |
| provisions for implementing the amends (if not applicable, indicate N/A) | go makesification or cancellation of issued shares. | |
| provisions for implementing the amends (if not applicable, indicate N/A) | go makesification or cancellation of issued shares. | |
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| provisions for implementing the amends (if not applicable, indicate N/A) | go makesification or cancellation of issued shares. | |
| provisions for implementing the amends (if not applicable, indicate N/A) N/A | ge, reclassification, or cancellation of issued shares, ment if not contained in the amendment itself: Page 3 of 4 | |
| provisions for implementing the amends (if not applicable, indicate N/A) N/A | Page 3 of 4 | , if |
| provisions for implementing the amends (if not applicable, indicate N/A) N/A | Page 3 of 4 | , if |

| Adoption of Amendment(s) | (CHECK ONE) |
|--|---|
| The amendment(s) was/were ad by the shareholders was/were s | opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval. |
| ☐ The amendment(s) was/were ap must be separately provided fo | proved by the shareholders through voting groups. The following sta ement reach voting group entitled to vote separately on the amendment(s). |
| "The number of votes cas | t for the amendment(s) was/were sufficient for approval |
| by | (voting group) |
| ·, | (voting group) |
| action was not required. | dopted by the board of directors without shareholder action and shareholder dopted by the incorporators without shareholder action and shareholder |
| 11/08/20 Dated | 19 |
| Cianatura | 25: |
| (By a | director, president or other officer – if directors or officers have not t een sted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary) |
| appo | |
| арро | JORGE SOCARRAS |
| арро | |
| арро | JORGE SOCARRAS |