

Florida Department of State

Division of Corporations Electronic Filing Cover Shect

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| From: | | | : 7 |
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COR AMND/RESTATE/CORRECT OR O/D RESIGN EXPRESS MED SUPPLY INC

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Electronic Filing Menu

Corporate Filing Menu

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November 22, 2019

FLORIDA DEPARTMENT OF STATE

Division of Corporations

MACFARLANE FERGUSON & MCMULLEN

SUBJECT: CITRUS RESEARCH AND FIELD TRIAL FOUNDATION, INC.

REF: N19000006240

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return the corrected original and one copy of 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.

Catherine M Wood Regulatory Specialist II Amendment Section

FAX Aud. #: H19000340502 Letter Number: 919A00023948

| | | ; | | | |
|---|------------------------|--|------------------------------|-------------------------------|--------------|
| , | | Articles of Ame to Articles of Incor of | | 2015 1011 22 | AH 9: 15 |
| Express Med Supply Inc | | | | | |
| (Name o | f Corporat | on as currently f | iled with the Florid | a Dept. of State) | |
| P19000022220 | | : | | | |
| | (Docum | nent Number of C | orporation (if known |) | |
| Pursuant to the provisions of section 607.1 ts Articles of Incorporation: | 006, Florid | a Statutes, this Fla | orida Profit Corpora | tion adopts the following ame | ndment(s) to |
| A. If amending name, enter the new na | me of the c | orporation: | | | |
| N/A | | | | 71. | new |
| name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa | ation "Corp | o," "Inc," or "Co | ". A professional o | incorporated or the abbrevi | iation |
| B. <u>Enter new principal office address.</u> (Principal office address <u>MUST BE A ST</u> | | | | | <u> </u> |
| C. Enter new mailing address, if appli (Mailing address MAY BE A POST (| | 2 X) | N/A | | |
| | | | | | |
| D. If amending the registered agent an | | | <u>s in Florida, enter t</u> | the name of the | |
| new registered agent and/or the new Name of New Registered Agent | | ez Moreno | | | |
| | 1617 Sant | a Barbara Blvd St | : 6 | | |
| | | (Florida stree | t address) | | |
| New Registered Office Address: | Cape Cora | <u>1</u> | | 33991 , Florida | |
| | | ! (C | City) | (Zip Code) | |
| New Registered Agent's Signature, if c I hereby accept the appointment as regis | hanging Retered agent. | zistered Agent: I am familiar wi | th and accept the ob | ligations of the position. | |
| | | M | 1 | | |
| | Sig | nature of New Re | gistered Agent, if cha | anging | |

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 | PI | John Doe | |
|-------------------------------|------------|---------------------|-------------------------------|
| X Remove | Y | Mike Jones | |
| _X Add | <u>\$V</u> | Sally Smith | |
| Type of Action (Check One) | Title | <u>Name</u> | <u>Addres</u> s |
| 1) Change | P | Rafael Perez Moreno | 1617 Santa Barbara Blvd Ste 6 |
| X Add | • | | Cape Coral Fl 33991 |
| Remove | | | |
| 2) Change | P | Caridad Rodriguez | 1617 Santa Barbara Blvd Ste 6 |
| Add | | | Cape Coral Fl 33991 |
| X Remove | | <u>:</u> : | |
| 3) Change | | | |
| Add | | ! | |
| Remove | | : : : | |
| 4) Change | | : | |
| Add | | | |
| Remove | | | |
| 5) Change | <u></u> | | |
| Add | | | |
| Remove | | ; | |
| 6) Change | | | |
| | | | |
| Add | | | |
| Remove | | | |

| . If amending or adding additional Artic | des, enterichange(s) he | <u>ere</u> : | | |
|--|-------------------------|---------------------------------------|---------------------|-------------|
| (Attach additional sheets, if necessary). | (Be specific) | | | |
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| If an amendment provides for an exch provisions for implementing the ame | ange, reclassification. | or cancellation of issue | ed shares, self: | |
| (if not applicable, indicate N/A) | i | | | |
| i/A | | | | |
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| | 11/08/201 | 9 | |
|---|---|---|----------------------|
| The date of each amendment(s) a | doption:i | | _, if other than the |
| date this document was signed. | | | _, |
| | 08/2019 | | |
| Effective date if applicable: | | | |
| | (no m | ore than 90 days after amendment file date) | |
| Note: If the date inserted in this document's effective date on the D | block does not meet epartment of State's | t the applicable statutory filing requirements, this date will records. | not be listed as the |
| Adoption of Amendment(s) | (CHECK C | <u>ONE</u>) | |
| ☐ The amendment(s) was/were ad by the shareholders was/were s | opted by the sharehoufficient for approva | olders. The number of votes cast for the amendment(s) | |
| | | nolders through voting groups. The following statement entitled to vote separately on the amendment(s): | |
| | | (s) was/were sufficient for approval | |
| by | <u> </u> | oup) | |
| | (voting gro | pup) | |
| | | of directors without shareholder action and shareholder | |
| The amendment(s) was/were ad action was not required. | opted by the incorpo | orators, without shareholder action and shareholder | |
| 11/08/201 | 9 | | |
| Dated | <u>-</u> | | |
| | <u> </u> | | |
| Signature | lo | / | _ |
| | | r other officer - if directors or officers have not been | |
| | | or - if in the hands of a receiver, trustee, or other court | |
| арроі | nted fiduciary by tha | nt fiduciary) | |
| | Rafael Perez More | eno | |
| | (Typed | or printed name of person signing) | |
| | President | | |
| • | | (Title of person signing) | |