P19000060365

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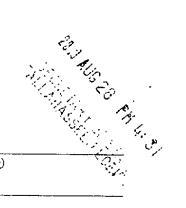


COVER LETTER

		<u>COVER LETTER</u>		523
TO: Amendment Sect Division of Corp				The Control of the Co
NAME OF CORPO	RATION: Global Medevac	of Florida, Inc.		
DOCUMENT NUMI				
	of Amendment and fee are s	ubmitted for filing.		1950 V
Please return all corres	pondence concerning this m	atter to the following:		,
	Matthew E. W. Bryant, Esq.			
	Pennington, P.A.	Name of Contact Perso	on	
Firm/ Company				
215 S. Monroe St., Suite 200				
	Tallahassee, FL 32301	·· Address	* *	,
-		City/ State and Zip Cod	le	
mbrya	nt@penningtonlaw.com			
	E-mail address: (to be u	sed for future annual report	notification)	
For further information	concerning this matter, plea	se call:		
Timothy W. Green		at (277-7560	
Name o	Contact Person	Area Co		nber
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)	
Atner Divis: P.O. I	ng Address diment Section ion of Corporations Box 6327 nassec, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Blobal Medevac of Florida, Inc.	
	ttly filed with the Florida Dept. of State)
9000060365	
(Document Number	of Corporation (if known)
rsuant to the provisions of section 607.1006, Florida Statutes, thi Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s
If amending name, enter the new name of the corporation:	
	The new
me must be distinguishable and contain the word "corporati Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or ord "chartered." "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
Enter new principal office address, if applicable:	2555 Western Trails Blvd., Suite 103
rincipal office address MUST BE A STREET ADDRESS)	Austin, Texas 78745
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2555 Western Trails Blvd., Suite 103
MATRICE BOX	Austin, Texas 78745
If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres.	ress in Florida, enter the name of the s:
new registered agent and/or the new registered office addres	ress in Florida, enter the name of the s:
new registered agent and/or the new registered office addres	<u>s:</u>
Name of New Registered Agent	<u>s:</u>
Name of New Registered Agent	<u>s:</u>

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: XChange	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1)Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
4) Change		-	
Remove			· · · · · · · · · · · · · · · · · · ·
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
Sur umendment provides for an eycha	inge, reclassification, or cancellation of issued shares,
provisions for implementing the amon	dment if not contained in the amendment itself:
provisions for implementing the amen-	
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption: date this document was signed.	, 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.	I 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.	
Signature (By a director, president or other officer – if directors or officers have not been	
selected, by mincorporator — if in the hands of a receiver, trustee, or other court appointed flaticiary by that fiduciary)	
(Typed or printed name of person signing)	
(Typed offprinted name of person signing)	
(Title of person signing)	