## P190000 77458

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: ES MediTransport	Corp	
DOCUMENT NUM	BER: P19000077458		
	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	James Sullivan		
		Name of Contact Persor	
	ES MediTransport Corp		
		Firm/ Company	
	13814 5th Street		
		Address	
	Ft. Myers FL 33905		
		City/ State and Zip Code	:
	esmeditransport@gmail.com		
	, 0-	sed for future annual report	notification)
For further information	on concerning this matter, pleas	239	281-1342
Name of Contact Person		at (at Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fcc & Certified Copy (Additional copy is enclosed)	S52.50 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		Amend Divisio The C	Address iment Section in of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, Fl. 32303

## Articles of Amendment to Articles of Incorporation of

ES MediTransport Corp

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

(Name of Corp	oration as currently filed with the Flo	rida Dept. of State)
P19000077458		
(C	Occument Number of Corporation (if kn	own)
Pursuant to the provisions of section 607,1006, F ts Articles of Incorporation:	florida Statutes, this <i>Florida Profit Corp</i>	oration adopts the following amendment(s) t
A. If amending name, enter the new name of	the corporation:	
		The new
name must be distinguishable and contain the wor "Inc.," or Co.," or the designation "Corp," "chartered," "professional association," or the	"Inc," or "Co". A professional corp	rporated" or the abbreviation "Corp.,"
3. Enter new principal office address, if appli Principal office address <u>MUST BE A STREET</u>		
Tincipal typice dadress stop 1001 101 11 11 11 11 11 11		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	E BOX)	
		20 1
). If amending the registered agent and/or re	gistered office address in Florida, ent	er the name of the
new registered agent and/or the new regist		400
Name of New Registered Agent		
		1 9g
	(Florida street address)	- <del>3</del> 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
New Registered Office Address:		, Florida
The regular en vigina romania.	(City)	(Zip Code)
New Registered Agent's Signature, if changing hereby accept the appointment as registered ag		obligations of the position.
, , , , , , , , , , , , , , , , , , , ,		
	Signature of New Registered Agent, if c	hanging
Check if applicable		

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)

Example:

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.

X Change	<u> 74</u>	John Doc	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Elizabeth Sullivan	13814 5th Street
Add			Ft Myers FL 33905
X Remove			
2) Change	P/CEO	James Sullivan	13814 5th Street
X Add			Ft Myers FL 33905
Remove 3) Change	<u>s</u>	Justin Rumisek	7 7
X Add			13814 5th Street 112 13814 5th Street
Remove			Ft. Myers FL 33905
4) Change			
Add			0 0 D
Remove			<u>γ</u> ω
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary). (Be specific)	
	<del></del>
	<u></u>
	4.3
	20 SE (
an amendment provides for an exchange, reclassification, or cancellation of issued shares,	- T-
provisions for implementing the amendment if not contained in the amendment itself:	127 <b>E</b>
(if not applicable, indicate N/A)	
	7 A 43
	(A)
	<del></del>

. . .

	Dec 15th 2019	
The date of each amendment(	s) adoption:	, if other than the
date this document was signed.		
man is built at his	Dec 15th 2019	
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	his block does not meet the applicable statutory filing requirements, this date the Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	e adopted by the incorporators, or board of directors without shareholder action	and shareholder
☐ The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.	
☐ The amendment(s) was/wer must be separately provided	e approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s):	t
"The number of votes	east for the amendment(s) was/were sufficient for approval	
by		.2
<i></i>	(voting group)	26 14 20
13/10	mare	$=$ $\Theta$
12/10/ Dated	2019	
Duice		
a: /	1. Min-	
Signature	y a director, president or other officer - if directors or officers have not been	77
	lected, by an incorporator – if in the hands of a receiver, trustee, or other court	ું બૂલ ે
	pointed fiduciary by that fiduciary)	· · · · · · · · · · · · · · · · · · ·
-1	James Sullivan	Çm ω
	(Typed or printed name of person signing)	
	(1 y)icu (i) printed name (i) person signing)	
	Y all	
	_ / nesident	<del></del>
	(Title of person signing)	

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