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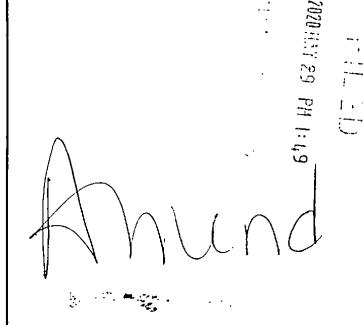
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: SUNRISE MED S	SERVICE GROUP CORP	
DOCUMENT NUME	P200000999	52	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Caleb Espinoza		
		Name of Contact Person	
	SUNRISE MED SERVICE	GROUP CORP	
		Firm/ Company	
	4700 N Hiatus Rd. Suite 25	53	<u> </u>
		Address	
	Sunrise, Florida 33351		
		City/ State and Zip Code	2
	calebespinoza@usa.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
Caleb Espinoza		954 at (709-7959
Name o	of Contact Person		de & Daytime Telephone Number
Enclosed is a check fo	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)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ing Address Indigent Section Is a sign of Corporations Box 6327 Inhassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

Articles of Amendment **Articles of Incorporation** of



Articles of Amendment to Articles of Incorporation of SUNRISE MED SERVICE GROUP CORP (Name of Corporation as currently filed with the Florida Dept. of State) P20000009952 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendm its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation." "company," or "incorporated" or the abbreviation "Corp." "Inc.," or "Co.," or the designation "Corp." "Inc.," or "Co". A professional corporation name must contain the word "chartered." "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Mailing address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or the new registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Algent
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O. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (l-Vorida stratt andress)
Name of New Registered Agent (I Vorida strent address)
(t Vorida stran address)
New Registered Office Address:, Florida
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent.—I am familiar with and accept the obligations of the position.
Signature of New Registered Agent, if changing
Check if applicable

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

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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Р	Caleb Espinoza	4700 N Hiatus Rd. Suite 253
Add			Sunrise, FL 33351
X Remove			
2) Change	P	Teresa Cracchiolo	4700 N Hiatus Rd. Suite 235
X Add			Sunrise, FL 33351
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
	
11/1	
N/P	
T	
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)	
(y not appreasie, macaie 1971)	
N/A	

	05/01/2020	
The date of each amendment(s) adop	ption:	, if other than the
date this document was signed.		
05/01/	2020	
Effective date <u>if applicable</u> :	(no more than 90 days after amend	nent file date)
Note: If the date inserted in this blocdocument's effective date on the Depa	ek does not meet the applicable statutory filing rtment of State's records.	g requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were adopte action was not required.	ed by the incorporators, or board of directors w	ithout shareholder action and shareholder
☐ The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes c cient for approval.	ast for the amendment(s)
	ved by the shareholders through voting groups seh voting group entitled to vote separately on	
"The number of votes cast for	r the amendment(s) was/were sufficient for app	oroval
by		
	(voting group)	
05/15/2020	1	
DatedSignature	MI CAMMANUSY	
selected.	ctor, president or other officer – if directors or by an incorporator – if in the hands of a receive fiduciary by that fiduciary)	
-	(Typed or printed name of person sign	by ning)
	PRESIDENT	
	(Title of person signing)	