P20000027779

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: **Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000466472 3)))

H2100046464723ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

    Division of Corporations
    Fax Number   : (850)617-6380

From:

    Account Name   : OCEAN CONSULTING SOLUTIONS INC
    Account Number : I20210000170
    Phone   : (305)363-9616
    Fax Number   : (305)503-7284

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
BEST WAY MEDICAL SUPPLIES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$35.00

DEC 2 8 2021

S. PRATHER

Electronic Filing Menu   Corporate Filing Menu   Help

Articles of Amendment
to
Articles of Incorporation
of

BEST WAY MEDICAL SUPPLIES, INC.

Florida Document Number: __P20000027779__

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

Delete: Daniela Heredia Gonzalez as President and Registered Agent

Address: 2300 W 84TH STREET 311 HIALEAH, FL 33016

Add: David Sarmiento Hodelin as President and Registred agent

Address: 2300 W 84TH STREET 311 HIALEAH, FL 33016

These articles of amendment were adopted on __12/22/2021__

The corporation has only one group of voting stock. This amendment was approved by the shareholders and the number of votes cast for amendment was sufficient for approval.

_____
Signature

Daniela Heredia Gonzalez (P)
Printed Name and Title

New Registered Agent's Signature, if changing Registered Agent:
I 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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED
2021 DEC 27 AH 10: 27