

P20 00000 279 99

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

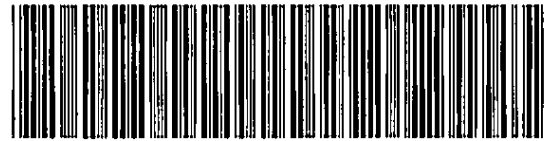
(Business Entity Name)

(Document Number)

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2020 JUN 17 AM 8:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 18 2020



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 Coral Gables, FL 33134  
 Phone: 305-444-4994  
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## CORPORATION NAME(S) &amp; DOCUMENT NUMBERS(S):

1. EMINENCE MEICAL EQUIPMENT INC. P20000027999

(CORPORATE NAME)

(DOCUMENT #)

2. \_\_\_\_\_  
 (CORPORATE NAME) (DOCUMENT #)3. \_\_\_\_\_  
 (CORPORATE NAME) (DOCUMENT #)☐ Walk-In

Pick up time: \_\_\_\_\_



Certified Copy



Certificate Of Status

New Filings	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Other:

Amendments	
<input checked="" type="checkbox"/>	Amendments
<input type="checkbox"/>	Resignation
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Other:

Other Filings	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Apostille:
<input type="checkbox"/>	Other:

Examiners Initials

ROBERT ANTHONY VESPUCCI  
10236 BOCA ENTRADA BLVD  
STE 403  
BOCA RATON, FL 33428

SUBJECT: EMINENCE MEDICAL EQUIPMENT INC.  
Ref. Number: P20000027999

We have received your document and check(s) totaling \$35.00.  
However, the enclosed document has not been filed and is being  
returned to you for the following reason(s):

You must submit all pages for filing. Page 1 of 4 is missing.  
All pages must be returned in order to file the document.  
Please return 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.

Querida R Moore  
Regulatory Specialist II      Letter Number: 420A00011509

[www.sunbiz.org](http://www.sunbiz.org)  
Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida  
32314

Articles of Amendment  
to  
Articles of Incorporation  
of

EMINENCE MEDICAL EQUIPMENT INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P20000027999

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to 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:**  
(Principal office address MUST BE A STREET ADDRESS)

1701 NE 42 AVE.

UNIT 403

OCALA, FL 34470

**C. Enter new mailing address, if applicable:**  
(Mailing address MAY BE A POST OFFICE BOX)

1701 NE 42 AVE.

UNIT 403

OCALA, FL 34470

**D. 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 ROBERT A. VESPUCCI

1701 NE 42 AVE., UNIT 403

(Florida street address)

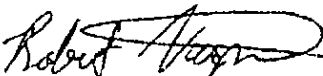
New Registered Office Address: Ocala, Florida 34470

(City)

(Zip Code)

**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

Check if applicable

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

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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:

☒ Change      PT      John Doe  
☒ Remove      V      Mike Jones  
☒ Add      SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	P	SOPHIE DUFORT	1701 NE 42 AVE.
<input type="checkbox"/> Add			UNIT 403
<input checked="" type="checkbox"/> Remove			OCALA, FL 34470
2) <input type="checkbox"/> Change	P	ROBERT A. VESPUCCI	1701 NE 42 AVE.
<input checked="" type="checkbox"/> Add			UNIT 403
<input type="checkbox"/> Remove			OCALA, FL 34470
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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SECRET  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 01-11-2001 BY 60322 UCBAW

[illegible]

SECRET - EYES ONLY

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The date of each amendment(s) adoption: 06/16/2020, if other than the date this document was signed.

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 not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) **(CHECK ONE)**

- ☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☒ 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)

Dated 6/16/2020

Signature 

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

SOPHIE DUFORT

\_\_\_\_\_  
(Typed or printed name of person signing)

P

\_\_\_\_\_  
(Title of person signing)

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