7/28/2021

Division of Corporations

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.

(((H21000287371 3)))



H210002673713ABC-

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 : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994

Fax Number : (305)444-4977

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:____

| \circ | |
|----------|---------|
| | , |
| • • | |
| _ | |
| D. | * • pri |
| 28 | |
| 2821 JUL | |

COR AMND/RESTATE/CORRECT OR O/D RESIGN EMINENCE MEDICAL EQUIPMENT INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 05 |
| Estimated Charge | \$35.00 |

Electronic Filing Menu Corporate Filing Menu

Help

Page: 3 of 6

| | | enrporation ly filed with the Florida Dept. of State) |
|--|-------------------------|---|
| | Articles of A | amendment To The The Table |
| | to | |
| | Articles of Inc | corporation (C) |
| MINENCE MEDICAL EQUIPMENT INC. | - | |
| | poration as current | ly filed with the Florida Dept. of State) |
| 20000027999 | | |
| (| Document Number of | of Corporation (if known) |
| ursuant to the provisions of section 607.1006, s Articles of Incorporation: | Florida Statutes, this | Florida Profit Corporation adopts the following amendment(s) to |
| . If amending name, enter the new name of | the corporation: | The new |
| name must be distinguishable and contain the w 'Inc" or Co." or the designation "Corp." 'chartered," "professional association," or th | "Inc," or "Co". | company," or "incorporated" or the abbreviation "Corp" A professional corporation name must contain the word |
| • | | 1015 E. SUNRISE BLVD UNIT 402 |
| 8. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>) | | FT. LAUDERDALE, FL 33304 |
| | | |
| C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI | i CE-ROX) | 1015 E. SUNRISE BLVD UNIT 402 |
| (Mailing address MAY BE A POST OFFICE BOX) | | FT. LAUDERDALE, FL 33304 |
| | | |
| If amending the registered agent and/or new registered agent and/or the new registered. | epistered office addres | dress in Florida, enter the name of the |
| • • | SVAARI | |
| | E. SUNRISE BLVD |) UNIT 402 |
| | | trees address) |
| New Registered Office Address: | AUDERDALE | Florida |
| New Repriesed Office Radicas. | | (City) (Zip Code) |
| New Registered Agent's Signature, if changi hereby accept the appointment as registered c | ageni. Tam Jamillar | nt: - with and accept the obligations of the position Registered Agent, if changing |
| Check if applicable | Signature of Wist. | negatices Agent, y changing |

(11) 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 = ChiefExecutive 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:

| PLACE |
|----------------|
| H, FL 33463 |
| |
| ISE BLVD. |
| |
| DALE, FL 33304 |
| |
| ************** |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

| | additional Arti | (Be specific) | | | | |
|---|-------------------|-------------------|---------------------------------------|------------------|-----------|--|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| <u>.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u> | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | · | · · · · · · · · · · · · · · · · · · · | | | |
| | | | | | | |
| | | | | | | |
| | | · | | | | |
| | | | | | | |
| | | | | | | |
| | vides for an each | ange, reclassific | ation, or cance | lation of issued | shares | |
| Can amendicient prot | menting the ame | noment if not co | ntained in the | amendment itsel | <u>f:</u> | |
| provisions for implet | indicate N/A) | | | | | |
| f an amendment prov provisions for implet (if not applicable, | | | | | | |
| provisions for implet | | | | | | |
| provisions for implet | | | | | ···· | |
| provisions for implet | | | | | | |
| provisions for implet | | | | | | |
| provisions for implet | | | | | | |
| provisions for implet | | | | | | |
| provisions for implet | | | | | | |
| provisions for implet | | | | | | |
| provisions for implet | | | | | | |
| provisions for implet | | | | | | |
| fan amendment prov provisions for implet (if not applicable, | | | | | | |

Page: 6 of 6

| 07/26/2021 | if other than the |
|--|----------------------|
| The date of each amendment(s) adoption: date this document was signed. | |
| Effective date if applicable: (no more than 90 days ofter 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. | not be listed as the |
| Adoption of Amendment(s) (CHECK ONE) | |
| ☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and action was not required. | shareholder |
| The amendment(s) was/were adopted by the shareholders. The number of votes east 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 | 2021 JUL FÄLTÄRÄ |
| by | 85. E |
| 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 | AM 10: 07 |
| appointed fiduciary by that fiduciary) | |
| DASHEA PUNTER | |
| (Typed or printed name of person signing) | |
| (Title of person signing) | |
| Comment of the Commen | |