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Division of Corporations

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone

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COR AMND/RESTATE/CORRECT OR O/D RESIGN HOPE OF LIFE MEDICAL SUPPLY CORP

| Certificate of Status | 0 |
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| Page Count | 05 |
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| Articles of Amendment |
|---------------------------|
| to |
| Articles of Incorporation |
| of |

| to | | | | |
|-------------------------|---|-----|---|------|
| ticles of Incorporation | , | _ | ~ | 10.5 |
| of | ı | - 1 | | |

| | Articles of Incorporation | | 10.57 |
|---|--|---------------------------------|---|
| HOPE OF LIFE MEDICAL SUPPLY | CORP | • | · |
| P20000067411 | of Corporation as currently filed with the Florid | la Dept. of Sta | ate) |
| | (Document Number of Corporation (if know | n) | |
| Pursuant to the provisions of section 60 its Articles of Incorporation: | 7.1006, Florida Statutes, this Florida Profit Corpora | | e following amendment(s) to |
| A. If amending name, enter the new | name of the corporation: | | |
| name must be distinguishable and contai "Inc.," or Co.," or the designation " "chartered," "professional association, | in the word "corporation," "company," or "incorpo Corp," "Inc," or "Co". A professional corpora " or the abbreviation "P.A." | rated" or the a stion name m | The new bbreviation "Corp.," ist contain the word |
| B. Enter new principal office address. (Principal office address MUST BE A.S.) | if applicable: STREET ADDRESS) | | |
| | | | |
| C. Enter new mailing address, if appl (Mailing address MAY BE A POST | licable: OFFICE BOX) | | |
| | | | |
| D. If amending the registered agent ar | nd/or registered office address in Florida, enter the | he name of the | e e |
| new registered agent and/or the ne | w registered office address: CAREL L MEDERO ESTRADA | | |
| Name of New Registered Agent | 2328 HANCOCK BRIDGE PKWY IST FLOOR S | TE 114-E | |
| | (Florida street address) | | |
| New Registered Office Address: | CAPE CORAL | , Florida | 33990 |
| | (City) | , , , , , , | (Zip Code) |
| New Registered Agent's Signature, if cl I hereby accept the appointment as regist | hanging Registered Agent: ered agent. I am familiar with and accept the oblig Signature of New Registered Agent, if change | | osition. |
| Check if applicable ☐ The amendment(s) is/are being filed particle. | ursuant 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.

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 Doc X Remove <u>V</u> Mike Jones \underline{X} Add <u>SV</u> Sally Smith Type of Action Title Name Address (Check One) CAREL L MEDERO ESTRADA 2328 Hancock Bridge Blvd ___ Change 1st Floor Ste 114-E _Add Cape Coral F! 33990 ___ Remove ROXANA GARCIA 2328 Hancock Bridge Blvd 2) ___ Change 1st Floor Ste 114-E _ Add Cape Coral Fl 33990 Remove 3) ____ Change __ Add Remove 4) ____ Change Add Remove 5) ____ Change ____ Add Remove 6) ____ Change ____ Add Remove

| | 01/20/2021 | |
|---|--|----------------------|
| The date of each amendment(s) adoption date this document was signed. | : | _, if other than the |
| Effective date if applicable: | | |
| | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this block do document's effective date on the Department | es not meet the applicable statutory filing requirements, this date will and of State's records. | not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| ☐ The amendment(s) was/were adopted by action was not required. | the incorporators, or board of directors without shareholder action and s | hareholder |
| ☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient | the shareholders. The number of votes cast for the amendment(s) for approval. | |
| ☐ The amendment(s) was/were approved b must be separately provided for each vo | y the shareholders through voting groups. The following statement ting group entitled to vote separately on the amendment(s): | |
| "The number of votes cast for the a | mendment(s) was/were sufficient for approval | |
| by | | |
| | (voting group) | |
| 01/20/2021 Dated | | |
| Signature | | |
| selected, by an i | resident or other officer - if directors or officers have not been incorporator - if in the hands of a receiver, trustee, or other court lary by that fiduciary) | |
| Carel L | Medero Estrada | |
| | (Typed or printed name of person signing) | |
| Presider | nt | |

(Title of person signing)