

**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.

(((H21000411725 3)))



H210004117253ABCX

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 : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973

Fax Number : (305)675-5944

\*\*Enter the email address for this business entity to be used for future

annual	report	mailings.	Enter	only	one	email	address	please∙.	**
Fmail /	Mdress:	•							

## COR AMND/RESTATE/CORRECT OR O/D RESIGN INTERCOASTAL MEDICAL SUPPLIES, INC

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

Electronic Filing Menu

Corporate Filing Menu

Help

## Articles of Amendment

to

Articles of Incorporation

Intercoastal Medical supplies,	Inc
Florida Document Number: <u>\$2100058875</u>	· · · · · · · · · · · · · · · · · · ·
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Confollowing amendment(s) to its Articles of Incorporation:	rporation adopts the
Remove - Kirenia Soler Herna	andez
Add - Alexis Perez Estrado	λ.
(P/R.A)	
1840 W 49 ST SWIE 731	
Hialeah Fi 33012.	
	17 The 28
	21 NOV
	FIL:
These articles of amendment were adopted on 1152	AH 9:53
The corporation has only one group of voting stock. This amendment was approved by the share votes cast for amendment was sufficient for approval.	
Mercerel	
Kreenia Soler Hernand Printed Name and Title	ez(P)
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