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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: <u>EXPR</u>	ESS MEDICAL	DELIVERY IN	IC. (VE	sas)	
DOCUMENT NUM		00007637	0			
The enclosed Articles	s of Amendment and fee are s	ubmitted for filing.				
Please return all corre	espondence concerning this m	atter to the following:				
	KEI	UNETH RO	25			
		Name of Contact Person	n			
	EXPRESS M	EDICAL DELIVE	ss my , rc. VEG	3 A S		
		Firm/ Company				
	9749 SOTH.	STREET CIRCO	IE EAST			
		Address	^			
	PARRISH	FC 34219	<u></u>			
		City/ State and Zip Cod	e e			
	V-	Paccalto	16701111	au1		
	E-mail address: (to be	ised for future annual report	HOTMAIL.C. notification)			
	on concerning this matter, ple $ \frac{2774}{655} $		\ 77 <i>3-65</i> Z	:0		
Name	ef Contact Person	Area Co	de & Daytime Telephone Nu	mber 2		
	for the following amount made			2022 DEC 19	1	
☐ \$35 Filing Fee	Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	19 PM 2:21		
	ailing Address		Address	· •		
	mendment Section		Amendment Section Division of Corporations			
	vision of Corporations D. Box 6327		Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation of

EXPRESS MEDICAL DEL	INERY INC. (VEGAS)
(Name of Corporation as currently	filed with the Florida Dept. of State)
P 20000	
(Document Number of C	· · · · · · · · · · · · · · · · · · ·
(Document Number of C	corporation (it known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flatista Articles of Incorporation</i> :	forida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
EXPRESS MEDICAL DECIN	ERY INC. VEGAS The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	mpany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	PARRISH, FC 34219
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office addre	ss in Florida, enter the name of the
new registered agent and/or the new registered office address:	002 201
Name of New Registered Agent	> > > CD ca23mg
(Florida stree	ot address)
The last services	for the same of th
New Registered Office Address:	Florida $n = 1$ \mathbb{R} \mathcal{C} ity) \mathcal{C} ity \mathcal{C} ity \mathcal{C}
	21 21 21 21 21 21 21 21 21 21 21 21 21 2
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.
(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
Signature of New Reg	gistered Agent, if changing
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c)	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. 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: X Change	PT	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo		
X Add	<u>SV</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change		_		- 3000
Add				
Remove				
2) Change		_		
Add				
Remove Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
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	(Be specific)		
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date this document was signed.	
Effective date <u>if applicable</u> :	more than 90 days after amendment file date)
Note: If the date inserted in this block does not me document's effective date on the Department of State	et the applicable statutory filing requirements, this date will not be listed as t 's records.
Adoption of Amendment(s) (CHECK	ONE)
☐ The amendment(s) was/were adopted by the incor- action was not required.	porators, or board of directors without shareholder action and shareholder
☑ The amendment(s) was/were adopted by the share by the shareholders was/were sufficient for appro	holders. The number of votes cast for the amendment(s) val.
☐ The amendment(s) was/were approved by the shar must be separately provided for each voting group	cholders through voting groups. The following statement or entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment	nt(s) was/were sufficient for approval
hy(voting gr	· · · · · · · · · · · · · · · · · · ·
(1000)	
Dated 12 - 1 &	5-22
Signature Arm	HTHON
(By a director, president)	or other officer - if directors or officers have not been
selected, by an incorpora appointed fiduciary by the	tor – if in the hands of a receiver, trustee, or other court
1.	ELNETH F ROSS
(Туре	d or printed name of person signing)
	PRESIDENT

(Title of person signing)