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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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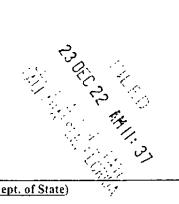
12/22/23--01015--008 **35.00



COVER LETTER

TO: Amendment Sec Division of Corp			.40
NAME OF CORPO	RATION: Bay Area Medical	Transportation Inc.	
DOCUMENT NUM			
The enclosed Articles	of Amendment and fee are sub	omitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
	Adrian J. Jackson		
		Name of Contact Person	
	Bay Area Medical Transporta	tion Inc.	
		Firm/ Company	
	12806 Avelar Manor Place		
		Address	
	Riverview, Fl. 33578		
		City/ State and Zip Code	
	E-mail address: (to be us	ed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
Adrian J. Jackson		at (⁸¹³	299-6888
Name of Contact Person		Area Coo	
Enclosed is a check for	or the following amount made [payable to the Florida Depa	rtment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303	

Articles of Amendment to Articles of Incorporation of



Bay Area Medical Transportation Inc.

(Name o	f Corporation as curren	tly filed with the Florida Dept. of State)	
Bay Area Medical Transportation Inc.			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	006, Florida Statutes, thi	s Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new na	me of the corporation;		
Bay Area Transportation Inc.		The new	
	orp," "Inc," or "Co".	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		12806 Avelar Manor Place	
		Riverview, Fl. 33578	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		12806 Avelar Manor Place	
		Riverview, Fl. 33578	
D. If amending the registered agent an new registered agent and/or the new			
	Adrian I Jackson/ Everett Rahsaan Anthony		
Name of New Registered Agent	12806 Avelar Manor Place		
		street address)	
	Riverview	33578	
New Registered Office Address:		(City), Florida (Zip Code)	
		(Elp conty	
New Registered Agent's Signature, if c I hereby accept the appointment as regist		ent: or with and accept the obligations of the position.	
E	rithon)	Registered Agent, if changing	
,	Sigyalure of New	Registered Agent, if changing	

Check if applicable

■ 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 = 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 Doe	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
I) Change	CEO	Everett Rahsaan Anthony	4907 S. 804h St
X Add			Branch, FL 33619
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			Padeless
Add			
Remove			

,	adding additional Arti ul sheets, if necessary).	(Be specific)	<u> </u>		
iere should be 2 (EO's listed (Adrian J. J.	ackson & Everett R	lahsaan Anthony)	, and the new comp	any name is Bay Area Tr
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· · · · · · · · · · · · · · · · · · ·) - 1				
					
					
				_	
16		laa:Gau		ion oficered above	
provisions for	nt provides for an exch implementing the ame	nange, rectassificate	tained in the am	ion of issued snare endment itself:	<u>5.</u>
(if not app	licable, indicate N/A)				
			·		
				<u>-</u>	
				<u> </u>	

The date of each amendment(s) ac	loption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file o	tale)
Note: If the date inserted in this be document's effective date on the De	lock does not meet the applicable statutory filing requires partment of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without sha	areholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes east for the officient for approval.	e amendment(s)
	proved by the shareholders through voting groups. The foll each voting group entitled to vote separately on the amend	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	"	
	(voting group)	
selecte	irector, president or other officer – if directors of officerated, by an incorporator – if in the hands of a receiver, trustee ted fiduciary by that fiduciary)	
	(Typed or printed name o. person signing)	ian Jackson
	CEO	
	(Title of person signing)	

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