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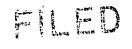
COVER LETTER

4.

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	RATION: ABLE MEDICAL	& SICK ROOM SUPPLIE	es, inc.		
DOCUMENT NUMI					
	of Amendment and fee are su	bmitted for filing.			
Please return all corres	spondence concerning this mat	ter to the following:			
	Timothy R. Mixon				
		Name of Contact Person	1		
	PHCS Home Medical Equipment				
	• •	Firm/ Company			
	14965 Hwy 59				
		Address			
	Foley, AL 36535				
		City/ State and Zip Cod	e		
TMix	on@PHCSMedical.com				
		ed for future annual report	notification)		
			•		
For further information	n concerning this matter, pleas	e call:			
Timothy R. Mixon		at (²⁵¹	947-6945		
Name o	of Contact Person	at (Area Co	de & Daytime Telephone Number		
Enclosed is a check for	r the following amount made p		•		
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301		

'Articles of Amendment to Articles of Incorporation of



Able Medical & Sick Room Supplies, Inc.

15 DEC 29 PH 3:51

P93000049037		y filed with the Florida Dept. of State RETARY OF STATE TALLAHASSEE. FLORID
	(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607, ts Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new na	me of the corporation:	
		The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design vord "chartered," "professional associa	ation "Corp," "Inc," or "	n," "company," or "incorporated" or the abbreviation (Co". A professional corporation name must contain the (P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		N/A
C. Enter new mailing address, if appli		N/A
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX)	
D. If amending the registered agent an	d/or registered office add	ress in Florida, enter the name of the
new registered agent and/or the new	w registered office address	<u> </u>
Name of New Registered Agent	Timothy R. Mixon	
	8101 University Parkway,	Unit B
	(Florida str	reet address)
	Descende	32514
New Registered Office Address:	Pensacola	, Florida

Signature of New Registered Agent, if changing

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 <math>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.

X Change	PT John	1 Doc	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	SV Sall	y <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P	Cleveland D. West	P. O. Box 9720
Add			Tavernier, FL 33070
X Remove		·	
2) Change	VD	Cathy C. Battreall	87899 Over Seas Hwy
Add			Islamorada, FL 33036
X Remove			
3) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		*****	
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	·
· · · · · · · · · · · · · · · · · · ·	•
· · · · · · · · · · · · · · · · · · ·	
f an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
·	
	,

The date of each amendment(s) a date this document was signed.	doption;	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will epartment of State's records.	I not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
November Dated	30,2015	
Signature		
(By a c	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court ated fiduciary by that fiduciary)	
	Timothy R. Mixon	
	(Typed or printed name of person signing)	
	President of Professional Health Care Services, Inc., its sole shareholder	PSD
	(Title of person signing)	