

P94000088654

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

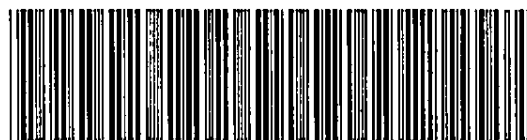
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700303305457

09/19/17--01008--003 ++35.00

2017 SEP 19 PM 1:29
FBI - DENVER

SEP 20 2017
DENAIR

LAW OFFICES OF
Mark C. Perry, P.A.
COASTAL BUILDING
2400 EAST COMMERCIAL BOULEVARD
SUITE 511
FORT LAUDERDALE, FLORIDA 33308

TELEPHONE: (954) 351-2601
FAX: (954) 351-2605
Email: mark@markperrylaw.com

September 15, 2017

2017 SEP 20 PM 1:38

Amendment Section
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

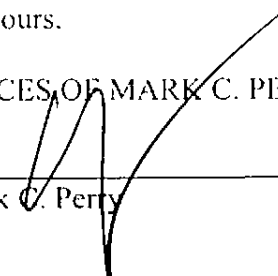
Re: Amendment to Articles of Incorporation
of Medical Supply Plus, Inc.
Document No.: P94000088654

To Whom It May Concern:

Enclosed with this correspondence please find Cover Letter together with Articles of Amendment to Articles of Incorporation of Medical Supply Plus, Inc. together with my office account check in the sum of \$35.00 representing the state's filing fee.

Very truly yours,

LAW OFFICES OF MARK C. PERRY, P.A.

By: 
Mark C. Perry

MCP/mrt
Enclosures
cc: Client

(850) 245-6052

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MEDICAL SUPPLY PLUS, INC.

DOCUMENT NUMBER: P94000088654

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mark C. Perry

Name of Contact Person

Law Offices of Mark C. Perry, P.A.

Firm/ Company

2400 East Commercial Boulevard, Suite 511

Address

Fort Lauderdale, FL 33308

City/ State and Zip Code

maria@markperrylaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark C. Perry

at (954)

351-2601 Ext. 4

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$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)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

2017 SEP 19 PM 1:29

Articles of Amendment
to
Articles of Incorporation
of
MEDICAL SUPPLY PLUS, INC.

2017 SEP 19 PM 1:29

(Name of Corporation as currently filed with the Florida Dept. of State)

P94000088654

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

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 address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

(Florida street address)

New Registered Office Address:

(City) Florida (Zip Code)

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

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>P</u>	<u>Michelle Larkin</u>	<u>4143 S.W. 74th Court</u>
<input type="checkbox"/> Add			<u>Suite 100</u>
<input checked="" type="checkbox"/> Remove			<u>Miami, FL 33155</u>
2) <input type="checkbox"/> Change	<u>P</u>	<u>Kameron Abraham</u>	<u>4143 S.W. 74th Court</u>
<input checked="" type="checkbox"/> Add			<u>Suite 100</u>
<input type="checkbox"/> Remove			<u>Miami, FL 33155</u>
3) <input type="checkbox"/> Change	<u>V</u>	<u>Michelle Larkin</u>	<u>4143 S.W. 74th Court</u>
<input checked="" type="checkbox"/> Add			<u>Suite 100</u>
<input type="checkbox"/> Remove			<u>Miami, FL 33155</u>
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

[illegible]

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

[illegible]

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval
by _____."
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated _____

Signature _____

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Michelle Larkin

(Typed or printed name of person signing)

/s/ Michelle Larkin, Vice President

(Title of person signing)