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C. CARROTHERS

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Paragon Surgical Services, Inc.				
DOCUMENT NUM	BER: P95000006214			
	The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all corre	espondence concerning this ma	tter to the following:		
	Travis Murphy			
	Name of Contact Person			
Firm/ Company				
	618 SW 2nd Avenue			
	Address Boynton Beach, FL 33426			
	City/ State and Zip Code			
stim	pyt@att.net			
	· · · <del>-</del>	sed for future annual report	notification)	
For further information concerning this matter, please call:				
Travis Murphy		at (	603-1005	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment 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		

## **Articles of Amendment** to Articles of Incorporation of

Paragon Surgical Services, Inc.			
(Name o	of Corporation as currently	filed with the Florida Dept	t. of State)
P95000006214			
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:  A. If amending name, enter the new na		Florida Profit Corporation ad	dopts the following affinend front(s) to
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa  B. Enter new principal office address, (Principal office address	ation "Corp," "Inc," or "C tion," or the abbreviation "I if applicable:	Co". A professional corpora	orated" or the abbraviation
C. Enter new mailing address, if appliance (Mailing address MAY BE A POST of the Control of the			
D. If amending the registered agent an new registered agent and/or the new		ess in Florida, enter the nam	ne of the
Name of New Registered Agent	Maria Martinez		<del> </del>
	(Florida stree	et address)	
New Registered Office Address:			, Florida
-	(	City)	(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: X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	n <u>ith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	P		Travis Murphy	618 SW 2nd Avenue
Add				Boynton Beach, FL 33426
X Remove				
2) Change	P		Maria Martinez	618 SW 2nd Avenue
X Add				Boynton Beach, FL 33426
Remove				
3) Change	<del></del>	_		
Add				· · · · · · · · · · · · · · · · · · ·
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				<u> </u>
Remove				
6) Change				
Add		_		
Add Remove				
Kemove				

	(Be specific)
76 23 6	1 (m ) 1 (1 A) 1 1
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
provisions for implementing the amer (if not applicable, indicate N/A) eplace Travis Murphy,President and 100%	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:  6 shareholder of the corporation with Maria Martinez as President and 100%
provisions for implementing the amer (if not applicable, indicate N/A) eplace Travis Murphy, President and 100%	ndment if not contained in the amendment itself:
provisions for implementing the amer (if not applicable, indicate N/A) eplace Travis Murphy, President and 100%	ndment if not contained in the amendment itself:
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provisions for implementing the amer (if not applicable, indicate N/A) eplace Travis Murphy,President and 100%	ndment if not contained in the amendment itself:

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :  (no more than 90 days after a	
(no more than 90 days after a	amendment file date)
Note: If the date inserted in this block does not meet the applicable statutor document's effective date on the Department of State's records.	y filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of v by the shareholders was/were sufficient for approval.	votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting g must be separately provided for each voting group entitled to vote separate	roups. The following statement ely on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for	or approval
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without share action was not required.	eholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without sharehold action was not required.	der action and shareholder
Dated	
Signature	
Signature  (By a director, president or other officer – if directors selected, by an incorporator – if in the hands of a rappointed fiduciary by that fiduciary)	ors or officers have not been receiver, trustee, or other court
Travis Murphy	
(Typed or printed name of perso	of signing)
President	·
(Title of person sign	ning)