## P95 0000 12984

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SECRETARY OF STATE

T. LEMIEUD AUG'T ° 2019

## COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	RATION: Foster Medical Sup	oply Inc.	
DOCUMENT NUMI			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Ronald taylor		
		Name of Contact Person	n
	Foster Medical Supply Inc.		
		Firm/ Company	
	3911 SW 47th Ave. Ste. 911		
		Address	
	Davie, FL 33314		
		City/ State and Zip Cod	e
vrtou	ar@man aam		
- Xitay	or@msn.com	sed for future annual report	notification)
	L-man address. (to be us	sed for future annual report	normeanon)
For further information	n concerning this matter, pleas	se call:	
Ron Taylor		at (	534-7212
Name (	of Contact Person		de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 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)
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

Foster Medical supply, Inc.			FILED
(Name o	of Corporation as currently	filed with the Florida	Dept. of State)
P95000012984		กลห	3 ME -5 P 2 48
	(Document Number of O	Corporation (if known)	)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>F</i>	SE Torida Profit Corpus	CRETARY OF STATE A TOA MARKET TO THE STATE A TOA MARKET TO HOWING amendment(s
A. If amending name, enter the new na	me of the corporation:		
			The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the designe word "chartered," "professional associat	ation "Corp." "Inc," or "C	lo". A professional co	acorporated" or the abbreviation
B. Enter new principal office address, i (Principal office address MUST BE A ST			
C. Enter new mailing address, if application (Mailing address MAY BE A POST C			
D. If amending the registered agent and new registered agent and/or the new		ess in Florida, enter th	ne name of the
Name of New Registered Agent			
	(Florida stree	rt address)	
New Registered Office Address:			, Florida
	(0	City)	, Florida(Zip Code)
New Registered Agent's Signature, if ch I hereby accept the appointment as registe		ith and accept the oblis	eations of the position.
	4	, i i i i i i i i i i i i i i i i i i i	,
Mus	nut blegla		
,	Signature of New Re	gistered Agent, if chan	ging ————

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, a 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:

 $P = President; \ V = Vice\ President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; \ CEO = Ch.$ Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each officeld. 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 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 Chang Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u> <u>Joh</u> ı	n Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	PVSTD	Carol Piegari	3911 SW 47th Ave., # 911
Add X Remove			Davie, FL 33314
2) Change X Add	PVSTD	Ronald Taylor	3911 SW 47/1 AKIT SI DANIE FI 33314
Remove 3) Change Add			
Remove 4) Change Add			
Remove  5) Change Add			
6) Change			
Remove			

	ending or adding additional Articles, enter change(s) here:  h additional sheets, if necessary). (Be specific)
	<del></del>
fan	amendment provides for an exchange, reclassification, or cancellation of issued shares,
prov	isions for implementing the amendment if not contained in the amendment itself:
	if not applicable, indicate N/A)
_	

The date of each amendment(s) adoption:	, if other than
date this document was signed.	
Effective date <u>if applicable</u> :	
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
☐ 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)	
Carol Piegari	
(Typed or printed name of person signing)	
President	
(Title of person signing)	

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