P96000001156

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SECRETARY OF STATE,



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:		Medical Su	oply, Inc.
DOCUMENT NUMBER: P90	3000001156	4	
The enclosed Articles of Amenda		for filing.	
Please return all correspondence of	oncerning this matter to the	e following:	
Michae	el E. Hennessy		
	Namo	of Contact Person	· · · · · ·
Lake [Diabetes & Medi	cal Supply, Ir	nc.
-	F	irm/ Company	
2092 8	Sarno Rd.		
**************************************		Address	<u> </u>
Melbo	urne, FL 32935		
	City/	State and Zip Code	
michael@	lakediabetes.co	m	
	l address: (to be used for fu		tification)
For further information concerning	g this matter, please call:		
Michael Hennessy		at (321	255-9800 & Daytime Telephone Number
Name of Contact F	'erson	Area Code	& Daytime Telephone Number
Enclosed is a check for the follow	ing amount made payable t	o the Florida Departn	nent of State:
_	ificate of Status Cert (Add	.75 Filing Fee & Lified Copy ditional copy is losed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Addre Amendment Sec Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations	Division of Clifton Bu 2661 Exec	ent Section of Corporations

Articles of Amendment to Articles of Incorporation of

Lake Diabetes & Medical Supply, Inc.	
(Name of Corporation as currently filed with the	Florida Dept. of State)
P96000001156	
(Document Number of Corporation	(if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
A1 Diabetes & Medical Supply, Inc.	The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address Name of New Registered Agent N/A	
Name of the regimered rigeria	
(Florida s	treet address)
New Registered Office Address: (City	, Florida(Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familian	with and accept the obligations of the position AR
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>0e</u>		
X Remove	<u>v</u>	Mike Jo	<u>ones</u>		
X Add	<u>sv</u>	Sally Sr	nith		
Type of Action (Check One)	<u>Title</u>		Name		Address
1) Change		<u> </u>		<u></u>	N/A
Add					
Remove					
2) Change		_		_	
Add					
Remove					
3) Change					
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change		_			
Add					
Remove					
6) Change		_			
Add					
Remove					

Attach addit	or adding additional Articles, enter change(s) here: onal sheets, if necessary). (Be specific)	
/A		
•		
		•
If an amend	ment provides for an exchange, reclassification, or cancellation of issued	l shares,
	or implementing the amendment if not contained in the amendment itse pplicable, indicate N/A)	<u>:II:</u>
-	ophicume, maicute 1971)	
I/A		

The date of each amendment(s) adoption: March 1, 2013
Effective date if applicable: March 1, 2013
(no more than 90 days after amendment file date)
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)
(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 March 1, 2013
Signature Michael E. Zkrimsa. (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a feetiver, trustee, or other court appointed fiduciary by that fiduciary)
Michael E. Hennessy
(Typed or printed name of person signing)
President
(Title of person signing)