

P96000082053

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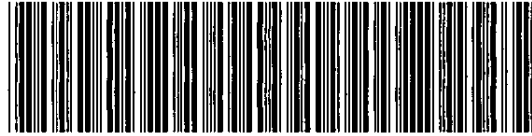
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 SEP -2 AM 10:06

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NO  
L-00  
9/3/08

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: AMERICAN Medical Specialists, Inc

DOCUMENT NUMBER: \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Charles Broer

(Name of Contact Person)

AMERICAN Medical Specialists, Inc

(Firm/ Company)

NAME CHANGE TO: SUNSET CORPORATION.

P.O. BOX 23702

(Address)

TAMPA, FL 33623-3702

(City/ State and Zip Code)

For further information concerning this matter, please call:

Charles Broer

(Name of Contact Person)

at ( 813 ) 785-2000

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

(see attached)

☒ \$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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 20, 2008

CHARLES BROES  
P.O. BOX 23702  
TAMPA, FL 33623-3702

SUBJECT: AMERICAN MEDICAL SPECIALTIES, INC.  
Ref. Number: P96000082053

We have received your document for AMERICAN MEDICAL SPECIALTIES, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The document number of the name conflict is 741297.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain  
Regulatory Specialist II

Letter Number: 408A00046734

Articles of Amendment  
to  
Articles of Incorporation  
of

American Medical Specialists

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

P 96 0000 8 2053

(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:

**NEW CORPORATE NAME (if changing):**

BFNS, INC.

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")  
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number(s)  
and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

The Board of Directors of American Medical  
Specialties, Inc. has approved by its majority  
shareholders to hereby and effective November 1st  
August 1st, 2008 approve the name of the  
corporation to be change to ~~SUNSET CORPORATION~~  
BFNS, INC.

(Attach additional pages if necessary)

If an amendment provides for 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)

(continued)

The date of each amendment(s) adoption: August 1st, 2008

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

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were approved 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.

Signature Charles Brown COB & CEO.  
(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)

Charles Brown  
(Typed or printed name of person signing)

CHAIRMAN OF THE Board of Directors  
(Title of person signing)

FILING FEE: \$35

FILED  
08 SEP -2 AM 10:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA