P97000099969

(Re	questor's Name)	
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2017 JUL 20 AMID: 28

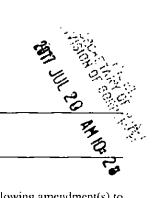
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Mobility Scooter C	Center, Inc.		
DOCUMENT NUMB	P97000098969			
	of Amendment and fee are su	abmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	Charles A. Schillinger, Esqu	ire		
•		Name of Contact Person	1	
	Schillinger & Coleman, P.A.			
•		Firm/ Company		
	1311 Bedford Drive			
-		Address		
	Melbourne, Florida 32940			
•		City/ State and Zip Cod	૯	
ellic@)mobilitymedical.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
Charles A. Schillinger	, Esquire	at (<u>321</u>	255-3737	
Name o	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	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)	
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 shassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle	

Articles of Amendment to Articles of Incorporation of



Mobility Scooter Center, Inc.

· · · · · · · · · · · · · · · · · · ·	s currently filed with the Florida Dept. of State)
P97000098969	্ <u></u>
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Staits Articles of Incorporation:	itutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpor	ration:
	The new
	corporation," "company," or "incorporated" or the abbreviation Inc," or "Co". A professional corporation name must contain the reviation "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRES	<u>55</u>)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(Mulling dutiess MAT BL AT OST OTTICE BOX)	
	
D. If amending the registered agent and/or registered o	
new registered agent and/or the new registered offic	e address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
Num Danistanad Amara's Cianasana (fakaasian Danistana)	
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	
Signature	e of New Registered Agent, if changing
Signiture	of then hegistered 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.

X Change	PT Jol	hn Doe	
X Remove	<u>V</u> <u>Mi</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	Eleanor J. Rudolph	748 N. Harbor City Blvd.
Add			Melbourne, FL 32935
X Remove			
2) Change	VP	Robert P. Rudolph	748 N. Harbor City Blvd.
Add			Melbourne, FL 32935
X Remove			
3) Change	P	Robert P. Rudolph	748 N. Harbor City Blvd.
X Add			Melbourne, FL 32935
Remove			
4) Change	VP	Eleanor J. Rudolph	748 N. Harbor City Blvd.
X Add			Melbourne, FL 32935
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	
· · · · · · · · · · · · · · · · · · ·	
provisions for implementing the amount	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
·	
	<u> </u>
·	

	July 13, 2017	
The date of each amendment(s)		, if other than the
date this document was signed.		
Ju Effective date i <u>f applicabl</u> e:	ıly 13, 2017	
r.nective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	sst for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
July 17, Dated	Dahut P Pumphy	
` •	director, president or other officer withrestors of officers have not been	
	ted, by an incorporator - if in the hands of a receiver, trustee, or other court	
appo	inted fiduciary by that fiduciary)	
	Robert & Rudolph	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	