

P98000020593

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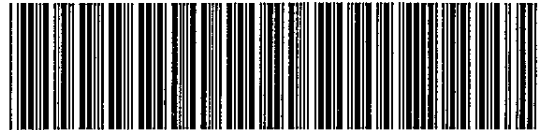


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FILED

05 JUL 25 AM 9:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Amend

T BROWN JUL 26 2005



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

July 15, 2005

ROLANDO PONCE  
MEDIPON INC.  
15711 MAPLEDALE BLVD., SUITE B  
TAMPA, FL 33624

SUBJECT: MEDIPON INC.  
Ref. Number: P98000020593

We have received your document for MEDIPON INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6869.

Teresa Brown  
Document Specialist

Letter Number: 505A00046779

RECEIVED  
05 JUL 25 AM 8:00  
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

July 7, 2005

ROLANDO PONCE OR VIVIAN MEDINA  
MEDIPON, INC.  
15711 MAPLEDALE BLVD., SUITE B  
TAMPA, FL 33624

SUBJECT: MEDIPON INC.  
Ref. Number: P98000020593

We have received your document for MEDIPON INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must also contain the address of the registered agent which must be at a Florida street address.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

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) 245-6869.

Teresa Brown  
Document Specialist

Letter Number: 405A00045141

RECEIVED  
05 JUL 14 AM 8:00  
DIVISION OF CORPORATIONS  
*Correction made  
7/11/05  
J. J. [Signature]*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** MEDIPON, INC.

**DOCUMENT NUMBER:** P98000020593

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

Please return all correspondence concerning this matter to the following:

ROLANDO PONCE, OR VIVIAN MEDINA

(Name of Contact Person)

MEDIPON, INC.

(Firm/ Company)

15711 MAPLEDALE BLVD. SUITE B

(Address)

TAMPA, FLORIDA 33624

(City/ State/ and Zip Code)

For further information concerning this matter, please call:

ROLANDO PONCE

(Name of Contact Person)

at ( 813 ) 264 - 2410

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$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  
409 E. Gaines Street  
Tallahassee, FL 32399

Articles of Amendment  
to  
Articles of Incorporation  
of

MEDIPON INC.

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

FILED  
05 JUL 25 AM 9:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P98000020593

(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):**

(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)**

ARTICLE V.- DELETE JUAN MEDINA AS TREASURER OF THE CORPORATION.

ARTICLE V.- MAKE VIVIAN MEDINA, THE ACTUAL PRESIDENTE, ALSO TREASURER.

ARTICLE V.- DELETE OLGA MEDINA AS V.TREASURER OF THE CORPORATION.

ARTICLE V.- MAKE ROLANDO PONCE, THE ACTUAL V.PRESIDENT, ALSO V.TREASURER.

ARTICLE V.- DELETE JUAN MEDINA, AND TRANSFER HIS 25 SHARES TO VIVIAN MEDINA.

ARTICLE V.- DELETE OLGA MEDINA, AND TRANSFER HER 25 SHARES TO ROLANDO PONCE.

ARTICLE VII.- DELETE JUAN MEDINA AS REGISTER AGENT OF THE CORPORATION.

ARTICLE VII.- NAME ROLANDO PONCE AS THE NEW REGISTER AGENT OF THE CORPORATION.

(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: APRIL 30, 2005

Effective date if applicable: APRIL 30, 2005  
(no more than 90 days after amendment file date)

**Adoption of Amendment(s) (CHECK ONE)**

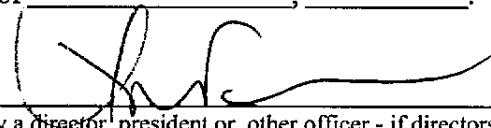
- ☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each 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.

Signed this 30 day of MAY, 2005.

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)

VIVAN MEDINA

(Typed or printed name of person signing)

PRESIDENT AND TREASURER.

(Title of person signing)

**FILING FEE: \$35**

**CERTIFICATE OF DESIGNATION  
REGISTER AGENT / REGISTERED OFFICE**

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida, submits the following statement in designating the registered office / agent, in the State of Florida.

- 1.- The name of the corporation is : **MEDIPON INC.**
- 2.- The name and address of the registered agent and office is :

**Rolando Ponce  
14916 Evershine Street  
Tampa, Florida 33624**

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATE CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISION OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE : 

DATE : 7-21-05