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-10/31/00--01015--014

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CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Pisces Medical Equipment, Inc.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

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SECRETARY OF STATE

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input checked="" type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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DIVISION OF CORPORATIONS
00 OCT 31 AM 9:33
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TO ACHIEVE
SUFFICIENCY OF FILING

Examiner's Initials

**ARTICLES OF AMENDMENT
TO
ARTICLE OF INCORPORATION
OF**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PISCES MEDICAL EQUIPMENT, INC

(Present Name)

*Pursuant to the provisions of section 607.1006, Florida Statutes, this corporation adopts
The following articles of amendment to its articles of incorporation:*

FIRST: Amendment(s) adopted: (indicate article number(s) being amended,
added or deleted)

ARTICLE V - VI _____ REMOVE: TITLE D.P.VP.S.T
REGISTERED AGENT

YUSELL GARCIA
4951 N.W. 197 th STREET
MIAMI FL 33055

ADD: TITLE D.P.VP.S.T (SOLE OWNER)
REGISTERED AGENT

ROSA LILIAN MARRERO
4761 S.W. 143 Court
MIAMI FL 33175

SECOND: If an amendment provides for an exchange, reclassification or cancellation
Of issued shares, provisions for implementing the amendment if not
Contained in the amendment itself, are as follows:

THIRD: The date of each amendment's adoption: October 25, 2000

FOURTH: Adoption of Amendment(s) (check one)

☐ the amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) 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 25 day of October, 19 2000

Signature


(By the Chairman or Vice Chairman of the Board of Directors,
President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

YUSELL GARCIA

(Typed or Printed Name)

PRESIDENT INCORPORATOR

(Title)

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

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: PISCES MEDICAL EQUIPMENT, INC.

2. The name and address of the registered agent and office is:

ROSA LILIAN MARRERO
(NAME)

4761 S.W. 143 CT.
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

MIAMI, FL 33175
(CITY/STATE/ZIP)

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Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Rosa Marrero
(SIGNATURE)

10/25/00
(DATE)