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FILED
01 APR 16 4:24
TALLAHASSEE, FLORIDA

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

300004011229--5

-04/16/01--01042--021

*****70.00 *****35.00

1. Home Respiratory Services Inc.

(Corporation Name)

(Document #)

2. (Corporation Name)

(Document #)

3. (Corporation Name)

(Document #)

4. (Corporation Name)

(Document #)

☐ Walk in

☒ Pick up time

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

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

Examiner's Initials

ADR

ARTICLES OF AMENDMENT
TO
ARTICLE OF INCORPORATION
OF
HOME RESPIRATORY SERVICES INC.
P98000100618

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 the article number(s) being amended, added or deleted)

ARTICLE II: PRINCIPAL & MAILING
THE NEW ADDRESSES WILL BE:

MAILING: 5410 NW 172 ST., MIAMI, FL 33055

PRINCIPAL: 2240 NW 26 AVE., MIAMI, FL 33142

ARTICLE IV: REGISTERED AGENT
THE NAME AND ADDRESS OF THE REGISTERED AGENT WILL BE:

MARIA JULIA CALAS
5410 NW 172 ST.
MIAMI, FL 33055

ARTICLE V & VI: BOARD OF DIRECTORS AND OFFICERS
THE NAME AND ADDRESS OF THE SOLE DIRECTOR/OFFICER WILL BE:

(P/V/S/T/D)
MARIA JULIA CALAS
5410 NW 172 ST.
MIAMI, FL 33055

SECOND: If an amendment provides for exchange, or reclassification or cancellation of issued shares, provisions for implementation the amendment if not contained in the amendment itself, are as follows:

MARIA JULIA CALAS 100%

THIRD: The date of each amendment's adoption: 4/11/01

FOURTH: Adoption of Amendment(s) (CHECK ONE)

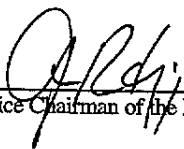
- ☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled 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 11 day of APRIL, 2001.

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)

GERARDO RODRIGUEZ

Typed or printed name

P/D

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: HOME RESPIRATORY SERVICE INC.

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

MARIA JULIA CALAS
(NAME)

5410 NW 172 ST,
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

MIAMI, FL 33055
(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.

Maria J. Calas
(SIGNATURE)

4/11/01
(DATE)