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2018 NOV -2 PH 2: 48

C. GOLDEN NOV - 7 2018

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: PREMIER SURGI	CAL INC			
DOCUMENT NUMI	BER: P99000096220				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	HEATHER POUNDS				
	Name of Contact Person				
	PREMIER SURGICAL INC				
	<del></del>	Firm/ Company			
	10418 DOCKSIDER DRIVE	EE			
	Address				
	JACKSONVILLE FL 32257				
		City/ State and Zip Cod			
	E-mail address: (to be us	sed for future annual report	notification)		
	E-man address, (to be to	sed for fattire amidus report	nouncation)		
For further informatio	n concerning this matter, pleas	se call:			
HEATHER POUNDS		904	887-2723		
Name	THER POUNDS at (904 ) 887-2723  Name of Contact Person Area Code & Daytime Telep		de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State;		
S35 Filing Fee	S43.75 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)		
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amenc Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle		

Tallahassee, FL 32301

## Articles of Amendment Articles of Incorporation of

FILED

PREMIER SURGICAL INC	2018 NOV = 2 PM 2: 48
(Name of Corporation a	s currently filed with the Florida Dept. of State)
P99000096220	GECAE IAR COF STATE TALL ARASSES FI
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statis Articles of Incorporation:	tutes, 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
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRES	<u>SS</u> )
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office.	
N/A	· <del></del>
Name of New Registered Agent	<del></del>
<del></del>	(Florida street address)
N/A	
New Registered Office Address:	, Florida (City) (Zip Code)
	,,,
New Registered Agent's Signature, if changing Register	
I hereby accept the appointment as registered agent. I am	a familiar with and accept the obligations of the position.
Signatur	e of New Registered 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.

Example: X Change	<u>PT</u>	John Doe			
X Remove	$\underline{V}$	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s		
1) X Change	PST	HEATHER POUNDS	10418 DOCKSIDER DRIVE E		
Add			JACKSONVILLE FL 32257		
Remove					
2) Change	V	BRAD POUNDS	10418 DOCKSIDER DRIVE E		
X Add			JACKSONVILLE FL 32257		
Remove					
3 ) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Damoro					

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
N/A
F. 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:
(if not applicable, indicate N/A)
N/A

The date of each amendment(s) adoption:	nan the
date this document was signed.	
Effective date if applicable:  (no more than 90 days after amendment file date)	
(no more than 90) days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted 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.	
Dated	
Signature 12 Round	
(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)	
HEATHER POUNDS	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	