

557546

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

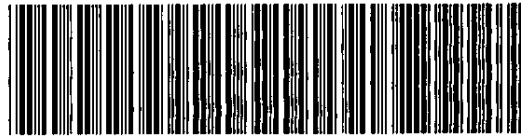
(Business Entity Name)

(Document Number)

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11 AUG 22 PM 10:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Amend  
08/22

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: GARRETT'S MEDICAL SUPPLY, INC

DOCUMENT NUMBER: S57546

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

Please return all correspondence concerning this matter to the following:

JACQUELINE BAKER

Name of Contact Person

GARRETT'S MEDICAL SUPPLY, INC

Firm/ Company

485 FIRST ST NORTH

Address

WINTER HAVEN FL 33881

City/ State and Zip Code

garretts.medical @verizon.net

E-mail address: (to be used for future annual report notification)

RECEIVED  
11 AUG -8 PM 12:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

JACQUELINE BAKER

Name of Contact Person

at ( 863 ) 293-9747

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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)

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 9, 2011

JACQUELINE BAKER  
GARRETT'S MEDICAL SUPPLY, INC.  
485 FIRST STREET NORTH  
WINTER HAVEN, FL 33881

SUBJECT: GARRETT'S MEDICAL SUPPLY, INC.  
Ref. Number: S57546

We have received your document for GARRETT'S MEDICAL SUPPLY, INC. and check(s) totaling \$35.00. However, your check(s) and document are being returned for the following:

THE DOCUMENT SUBMITTED IS NOT SIGNED AND THIS FILING REQUIRES ORIGINAL SIGNATURES.

Please return the enclosed check for \$35.00 or a newly issued check with your corrected document.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson  
Document Specialist Supervisor

Letter Number: 611A00018668

RECEIVED

11 AUG 22 AM 8:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

11 AUG 22 PM 10:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**GARRETT'S MEDICAL SUPPLY, INC**

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

**S57546**

(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:

**A. If amending name, enter the new name of the corporation:**

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**

*(Principal office address **MUST BE A STREET ADDRESS**)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. Enter new mailing address, if applicable:**

*(Mailing address **MAY BE A POST OFFICE BOX**)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

*Name of New Registered Agent:*

\_\_\_\_\_

*New Registered Office Address:*

\_\_\_\_\_ *(Florida street address)*

\_\_\_\_\_, Florida  
*(City) (Zip Code)*

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
*Signature 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
D	BOOTH, ROBERT C.	P. O. BOX 1698 WINTER HAVEN FL 33882	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
P	BAKER, JACQUELINE V.	P. O. BOX 444 WINTER HAVEN FL 33882-0444	<input type="checkbox"/> Add <input type="checkbox"/> Remove
VP	RUSSELL, LAURA JEANNINE	19210 SR 60 E LAKE WALES FL 33898	<input type="checkbox"/> Add <input type="checkbox"/> Remove

*need to change address & add initial  
need to add Laura to name*

**E. If amending or adding additional Articles, enter change(s) here:**  
 (attach additional sheets, if necessary). (Be specific)

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**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)

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The date of each amendment(s) adoption: 1 AUGUST 2011

Effective date if applicable: 1 AUGUST 2011 (date of adoption is required)  
(no more than 90 days after amendment file date)

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.

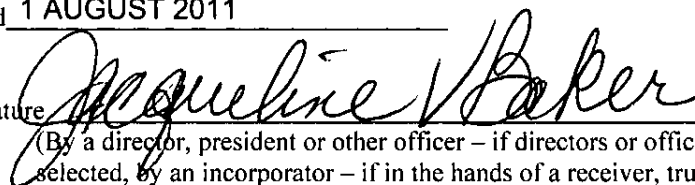
by \_\_\_\_\_."  
(voting group)

☒ 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 1 AUGUST 2011

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)

**JACQUELINE BAKER**

(Typed or printed name of person signing)

**PRESIDENT**

(Title of person signing)