

PO8000 105984

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

COR AMND/RESTATE/CORRECT OR O/D RESIGN
A-1 DIABETIC SUPPLY, INC.

Certificate of Status	1
Certified Copy	1
Page Count	05
Estimated Charge	\$52.50

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DIVISION OF CORPORATIONS
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12 DEC 27 AM 10:31

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DEC 28 2012

T. LEMIEUX

12/27/12 1:24 PM

Articles of Amendment
to
Articles of Incorporation
of

A-1 DIABETIC SUPPLY, INC.

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

P08000105984

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1005, 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:

ABSOLUTE WOUND SOLUTIONS INC.

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)

1795 Coney Island Ave.

Lower Level

Brooklyn, NY 11230

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1795 Coney Island Ave.

Lower Level

Brooklyn, NY 11230

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

Name of New Registered Agent

INTERSTATE AGENT SERVICES, LLC

1540 GLENWAY DR.

(Florida street address)

New Registered Office Address:

TALLAHASSEE

(City)

Florida 32301

(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

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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. There should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:
 Change PT John Doe
 Remove V Mike Jones
 Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>P</u>	<u>CALABRESE, MICHAEL A JR</u>	<u>6121 SE 107 STREET</u> <u>BELLEVIEW FL 34420</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>VP</u>	<u>CALABRESE, CHELSEA</u>	<u>6121 SE 107 STREET</u> <u>BELLEVIEW FL 34420</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>LOWENBRAUN, STEVEN</u>	<u>1785 CONEY ISLAND AVE.</u> <u>LOWER LEVEL</u> <u>BROOKLYN, NY 11230</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____

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

F. If an amendment provides for an exchange, reclassification, or cancellation of listed shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

The date of each amendment(s) adoption: 12/26/2012

Effective date (if applicable): _____
(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 12/26/2012

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)

MICHAEL A CALABRESE, JR

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)