P07000071746

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _______ Certificates of Status _______

Special Instructions to Filing Officer:

Office Use Only

200215089712

7tn. ct

~~12/19/11--01004--007 **35.00~~

Afhe

Repl.

01/24/12--01006--004 **50.00

FILED
12 JAN 24 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend

C.COULLIETTE

JAN 24 2012

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Exam Design, Inc.

DOCUMENT NUMBER: P07000071746

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

Please return all correspondence concerning this matter to the following:

Scott T Bublitz
Name of Contact Person

Exam Design, Inc.
Firm/ Company

6 Pagemore Court
Address

Durham, NC 27703
City/ State and Zip Code

sbublitz@examdesign.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott T. Bublitz at (800) 213-1673 x304
Name of Contact Person — 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

January 9, 2012

SCOTT T. BUBLITZ
EXAM DESING, INC.
6 PAGEMORE CT
DURHAM, NC 27703

SUBJECT: EXAM DESIGN, INC.
Ref. Number: P07000071746

We have received your document for EXAM DESIGN, INC. and check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The signature of the registered agent has to be original.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

Letter Number: 912A00000462

RECEIVED
12 JAN 24 PM 8: 44
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 21, 2011

SCOTT T. BUBLITZ
EXAM DESIGN, INC.
6 PAGEMORE CT
DURHAM, NC 27703

SUBJECT: EXAM DESIGN, INC.
Ref. Number: P07000071746

We have received your document for EXAM DESIGN, INC. and check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The document must have original signatures.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

Letter Number: 011A00028395

RECEIVED
12 JAN -6 AM 9: 15
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

EXAM DESIGN, INC.
(Name of Corporation as currently filed with the Florida Dept. of State)

P07000071746
(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:** 6 PAGEMORE COURT
(Principal office address MUST BE A STREET ADDRESS)

DURHAM NC 27703

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: INCSMART FLORIDA, INC.

New Registered Office Address: 4865 47TH PLACE
(Florida street address)

VERO BEACH, Florida 32967
(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.

David Olinan
Signature of New Registered Agent, if changing

FILED
12 JAN 24 PM 12: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

Title	Name	Address	Type of Action
______	______________________		☐ Add ☐ Remove
______	______________________		☐ Add ☐ Remove
______	______________________		☐ Add ☐ Remove

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

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)

CURRENT SHARES ARE TO BE RESTATED FROM THE CURRENT 1,000 SHARES AT 10 CENTS PAR VALUE TO 1,000,000 SHARES AT 70 CENTS PAR VALUE.

The date of each amendment(s) adoption: 11/28/2011

(date of adoption is required)

Effective date if applicable: ______________________

(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

[X] 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 12-30-2011

Signature Scott T Bublitz

(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)

Scott Bublitz, PhD

(Typed or printed name of person signing)

Vice President

(Title of person signing)