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COVER LETTER

TO: Amendment Section **Division of Corporations**

Tallahassee, FL 32314

NAME OF CORPOR	RATION: PAL	M CLINICAL RE	SEARCH INC
DOCUMENT NUMI	BER: 709000	0732-69	
The enclosed Articles	of Amendment and fee a	re submitted for filing.	
Please return all corres	spondence concerning thi	s matter to the following:	
	ROBER	T LAYFIELD ame of Contact Person	
	PALM C	LINICAL RESEA	IRCH PNC
	3420 44	Address	N. #73
	NAPLES,	FL 34103 ity/ State and Zip Code	
		ELD @ GMAIL Cond for future annual report notification)	
For further informatio	n concerning this matter,	please call:	
RIBERT Name of (LAUFIE LA	at (239) 290 · 2 Area Code & Daytime Tele	4039 ephone Number
Enclosed is a check for	r the following amount n	nade payable to the Florida Depart	ment 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)
Mailing Addr Amendment Solvision of Co P.O. Box 6327	ection orporations	Street Address Amendment Section Division of Corporations Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

'Articles of Amendment to Articles of Incorporation of

(Name of Corporation as curren	100 72269		
(Document Numb	er of Corporation (if know	wn)	
Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation:	Florida Statutes, this Fl	orida Profit Corporation add	opts the following
A. If amending name, enter the new name of t	he corporation:		
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the aname must contain the word "chartered," "professions"	lesignation "Corp," "Inc	," or "Co". A professional c	The new ed" or the corporation
B. Enter new principal office address, if appli (Principal office address MUST BE A STREET	cable:		_
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE)	<u>E BOX</u>)		
D. If amending the registered agent and/or renew registered agent and/or the new regist		n Florida, enter the name of	<u>the</u>
Name of New Registered Agent:	,,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
New Registered Office Address:	(Florida street a	address)	
	,	, Florida	
New Registered Agent's Signature, if changing	(City) Registered Agent:	(Zip Code)	
I hereby accept the appointment as registered ag	ent. I am familiar with a	nd accept the obligations of th	e position.
Sig	mature of New Registered	1 Agent, if changing	AS S

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APPROVED AND FILED

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SECRETARY OF STATE

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>	Name	Address	Type of Action
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
	g or adding additional Articles, enter ch tional sheets, if necessary). (Be specific		
provisions	ndment proyides for an exchange, reclassion implementing the amendment if no applicable, indicate N/A)	ssification, or cancellation of iss t contained in the amendment i	ued shares, tself:
		***************************************	**************************************
			

The date of each amendment(s) adoption:		
	(date of adoption is required)	
Effective date if applicable:	11/11/19	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		
(1)	voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
Dated	11/10/09 CHest S. Jayfull	
Signature	Copert S. Jayfuld	
(ву а	director, president or other officer – it directors or officers have not been	
	ed, by an incorporator – if in the hands of a receiver, trustee, or other court	
appoi	nted fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	3 PRESIDENT	
	(Title of person signing)	