

P1300037984

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H14000211959 3)))



H140002119593ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Amnd

To:

Division of Corporations
Fax Number : (850) 617-6380

SEP 10 2014

R. WHITE

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305) 552-5973
Fax Number : (305) 675-5944

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
UNITED RESEARCH INSTITUTE OF FLORIDA, INC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 SEP -9 AM 9:52

FILED

RECEIVED

14 SEP -9 PM 5:01

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

H 14000211959
FILED

Articles of Amendment
to
Articles of Incorporation
of

14 SEP -9 AM 9:51

UNITED RESEARCH INSTITUTE OF FLORIDA, INC. SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

P13000037984

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profu 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)

5545 SW 8 ST
STE 209
MIAMI, FL 33155

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

5545 SW 8 ST
STE 209
MIAMI, FL 33155

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 JACQUELINE DIAZ

5545 SW 8 ST #209

(Florida street address)

New Registered Office Address: MIAMI, FL 33155
(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

H 14000211959

H14000211959

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 PT John Doe
 X Remove V Mike Jones
 X Add SV Sally Smith

Type of Action
(Check One)

Title Name

Address

1)	☐ Change ☐ Add ☒ Remove	P KYLE PETERSEN	5545 SW 8 ST STE 209 MIAMI, FL 33155
2)	☐ Change ☒ Add ☐ Remove	P JACQUELINE DIAZ	5545 SW 8 ST STE 209 MIAMI, FL 33155
3)	☐ Change ☐ Add ☐ Remove		
4)	☐ Change ☐ Add ☐ Remove		
5)	☐ Change ☐ Add ☐ Remove		
6)	☐ Change ☐ Add ☐ Remove		

H14000211959

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

07/21/2032 06:00

H14000211959

The date of each amendment(s) adoption: 07/07/2014, if other than the date this document was signed.

Effective date if applicable: 07/07/2014
(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 09/04/2014

Signature

JL
(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 DIAZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

H14000211959