

550553

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

2005 OCT -7 AM 8:26

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: COMMUNITY CLINICAL LABORATORY, INC.

DOCUMENT NUMBER: 550553

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

Please return all correspondence concerning this matter to the following:

James L McKeown Jr.

(Name of Contact Person)

Community Clinical Laboratory, Inc.

(Firm/ Company)

432 Druid Rd West

(Address)

Clearwater, Florida. 33756

(City/ State/ and Zip Code)

For further information concerning this matter, please call:

James L. McKeown, Jr.

(Name of Contact Person)

at (727) 447-1567

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$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
409 E. Gaines Street
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

September 7, 2005

JAMES L. MCKEOWN, JR.
432 DRUID RD. WEST
CLEARWATER, FL 33756

SUBJECT: COMMUNITY CLINICAL LABORATORY, INC.
Ref. Number: 550553

Rec'd 10/7
By DAS

We have received your document for COMMUNITY CLINICAL LABORATORY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6909.

Velma Shepard
Document Specialist

Letter Number: 605A00055544

Tuesday, October 04, 2005

Velma Shepard
Florida Department of State
PO Box 6327
Tallahassee, Florida. 32314

Dear Ms Shepard:

I just spoke with Darlene at your office.

She was so kind as to look up my request for the name change to:

CCL, Inc.

The year past the dissolution date time has now passed for the former owner, and she said that your office would now be able to give the name out.

Please find your original letter to me enclosed and I am hopeful that you can honor my request for the name change. Your office already has the filing fee there now.

Thanks for your time and consideration

James L. McKeown Jr
Director
Community Clinical Laboratory
432 Druid Rd West
Clw, Florida 33756



727 447-1567

Reference: Letter Number 605A00055544

Reference: Number: 550553

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DIVISION OF CORPORATIONS
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Articles of Amendment
to
Articles of Incorporation
of

COMMUNITY CLINICAL LABORATORY, INC

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

550553

(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:

NEW CORPORATE NAME (if changing):

CCL, INC.

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

(Attach additional pages if necessary)

If an amendment provides for 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)

N / A

(continued)

The date of each amendment(s) adoption: AUGUST 19TH 2005

Effective date if applicable: AUGUST 19TH 2005
(no more than 90 days after amendment file date)

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

- ☒ The amendment(s) was/were approved 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.

Signed this 30TH day of AUGUST, 2005.

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)

James L McKeown Jr.

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)

FILING FEE: \$35