

N03000002319

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

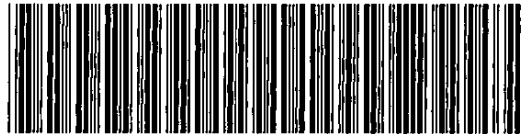
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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: BRAIN SCRIMMAGE OF SOUTH FLORIDA, INC.

DOCUMENT NUMBER: N03000002319

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

Please return all correspondence concerning this matter to the following:

Nicole S. Dandridge

(Name of Contact Person)

The Dandridge Firm, PLC

(Firm/ Company)

4150 Hunsaker Street, Suite D #120

(Address)

East Lansing, MI 48823

(City/ State and Zip Code)

For further information concerning this matter, please call:

Nicole Dandridge

(Name of Contact Person)

at (305) 401.7638

(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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of State)

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

(Document number of corporation (if known))

(Attach additional pages if necessary)
(continued)

The date of adoption of the amendment(s) was: January 8, 2008

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 members and the number of votes cast for the amendment was sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signature _____

(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

Darrayl Mincey

(Typed or printed name of person signing)

Director and President

(Title of person signing)

FILING FEE: \$35