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TO: Amendment Section Division of Corporations

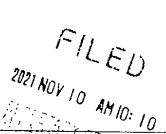
Tallahassee, FL 32314

NAME OF CORPORATION: _	District One Medi	cal Examiner Supp	ort. li	nc. (DOMI	ES)	
DOCUMENT NUMBER:	N19000008401	_				
The enclosed Articles of Amendm						
Please return all correspondence c	oncerning this matt	er to the following	; :			
Daniel J. Schebler						
		(Name of Contac	1 Perso	on)		
District One Medical Examiner	Support, Inc. (DOM	AES)				
		(Firm/ Comp	any)	-		
2114 Airport Blvd., Suite 1450						
***************************************		(Address)			
Pensacola, FL 32504						
	<u> </u>	(City/ State and Z	ip Coo	de)		
dans@fldme.com						
E-mail	address: (to be used	for future annual	report	notification	1)	
For further information concerning	this matter, please	call:				
Evelyn Hamilton - chamilton@f	ldme.com		at	850	332-7300	
(Name	of Contact Person)			(Daytime Telephone Number)	
Enclosed is a check for the followi	ng amount made pa	yable to the Floric	la Dep	partment of	State:	
□ \$35 Filing Fee ■\$4. Ce	3.75 Filing Fee & rtificate of Status	□\$43.75 Filing For Certified Copy (Additional copy enclosed)		Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	
Mailing Address Amendment Sect Division of Corp P.O. Box 6327	ion	,]	Amend Divisio	Address dment Section of Corpo entre of T	rations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



District One Medical Examiner Support, Inc.

District One Medical Examiner Support, Inc.		110:10
(Name of Corporation as currently filed with the F	lorida Dent. of State)	10:10
N19000008401	<u> </u>	300
(Document	t Number of Corporation (if know	n)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	a Statutes, this Florida Not For Pr	rafit Corporation adopts the followin
A. If amending name, enter the new name of the co	Prporation:	
N/A		
name must be distinguishable and contain the word "c "Company" or "Co," may not be used in the name.	orporation" or "incorporated" of	The new r the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable	2114 Airport Blvd.	
(Principal office address MUST BE A STREET ADD	RESS) Suite 1450	
	Pensacola, FL 32504	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BQ)	2114 Airport Blvd.	
	Suite 1450	
	Pensacola, FL 32504	
D. If amending the registered agent and/or registere new registered agent and/or the new registered of	ed office address in Florida, ente	er the name of the
	loss Chafin, Attorney	
	01 Riverside Avenue, Suite 600	
New Registered Office Address:	(Florida	street address)
Ja	acksonville	Florida 32202
	(City)	(Zip Code)
lew Registered Agent's Signature, if changing Regis	stered Agent:	
hereby accept the appointment as registered agent.	am familiar with and accept the o	bligations of the position.
	Signature of New Registered	Against if about income

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: XChange X Remove X Add	\underline{V} \underline{Mi}	nn <u>Doe</u> ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change Add	CEO	Dr. Deanna A. Oleske	2114 Airport Blvd, Suite 1450 Pensacola, FL 32504
Remove 2)	Pres.	Brad Baker, Interim County Admin.	6495 Caroline St., Suite C Milton, FL 32570
Remove 3) _x _ Change Add Remove	Sec.	Craig Coffey, Deputy Adminstrator	1250 N. Eglin Pkwy., Suite 102 Shalimar, F1, 32579
4) _x Change Add	_RA	Ross Chafin, Attorney	501 Riverside Avenue, Suite 600 Jacksonville, FL 32202
Remove Change Add	Pres.	Donald C. Spencer	6495 Caroline St., Suite C Milton, FL 32570
6) Change Add	S/RA	Roy V. Andrews	6495 Caroline St., Suite C Milton, Fl. 32570
× Remove E. If amending or adding (attach additional sheet)	g additional z s, if necessary	Articles, enter change(s) here: (). (Be specific)	
7.) X Change COO 8.) X Add:		chebler, 6495 Caroline St., Suite C, Milton, FL omason, 76 North 6th Street DeFuniak Springs,	

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The date of each amendment date this document was signed.	(s) adoption:	igust 16, 2021			, if other than the
Effective date if applicable:	October 1, 2021				
	(no mo	re than 90 days a	fter amendment,	file date)	
Note: If the date inserted in thi document's effective date on the	s block does not r e Department of S	neet the applicablitate's records.	e statutory filing	requirements, this dat	e will not be listed as the
Adoption of Amendment(s)	(<u>CHF</u>	CK ONE)			
☐ The amendment(s) was/we was/were sufficient for app	ere adopted by the proval.	members and the	number of votes	s cast for the amendme	nt(s)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated
Signature Doll / School
(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)
Daniel J. Schebler
(Typed or printed name of person signing)
Chief Operating Officer (DOMES)
(Title of person signing)