PD0000113943

(Re	equestor's Name)			
(Ac	ldress)	<u> </u>		
(Ac	idress)			
(Ci	ty/State/Zip/Phone	÷#)		
PICK-UP	MAIT	MAIL		
(Bu	usiness Entity Nam	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	AATION: SIMPKINS REPO	RTING, INC			
DOCUMENT NUME	<u> </u>	PODDOOL	13963		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following;			
	MELANIE SIMPKINS				
		Name of Contact Person	n		
	SIMPKINS REPORTING, INC				
		Firm/ Company			
	16 SADIE COURT				
•		Address	 -		
	ST AUGUSTINE, FL 32095				
		City/ State and Zip Cod	c		
MELA	ANIEDSIMPKINS@GMAIL	.COM			
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
MELANIE SIMPKIN	S	904 at (
Name of Contact Person			de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:		
■ \$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		Ameno Divisio Clifton 2661 F	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301		

Articles of Amendment to Articles of Incorporation

οf

SIMPKINS I	REPORT	ING, I	INC
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(Name of Corporation as currently	filed with the Florida Dept. of State)
PODODON	3943
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this a its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
MD SIMPKINS, INC	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Coword "chartered," "professional association," or the abbreviation ".	"," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	12 C
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:	ess in Florida, enter the name of the 💢 💢 👦
	•
Name of New Registered Agent	
(Florida str	vet address
New Registered Office Address:	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	
Signature of New R	egistered Agent, if changing

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 <math>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 De	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1)Change		_		
Add				
Remove				
2) Change				
Add				
Remove				
3)Change				
Add		_		
Remove				
4) Change				
Add				
Remove				
5) Change		_		-
Add				
Remove				
6)Change				
Add		_		
Remove				

f amending or adding additional Arti Attach <i>additional sheets, if necessary).</i>	(Be specific)
	·····
· · · · · · · · · · · · · · · · · · ·	
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	mament it not contained in the amendment user:
· · · · · · · · · · · · · · · · · · ·	
· · · · · · · · · · · · · · · · · · ·	

	1/1/2018	
The date of each amendment(s) adop	tion:	, if other than th
date this document was signed. 1/1/201	o	
Effective date if applicable:		
	(no more than 90 days after amer	adment file date)
Note: If the date inserted in this bloc document's effective date on the Depart		ing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were suffice.	d by the shareholders. The number of votes ient for approval.	east for the amendment(s)
	red by the shareholders through voting group th voting group entitled to vote separately or	
	the amendment(s) was/were sufficient for ap	pproval
by	(voting group)	"
*	(voting group)	
action was not required.	d by the board of directors without sharehold	
The amendment(s) was/were adopte action was not required.	d by the incorporators without shareholder a	ction and shareholder
1/1/2018		
Dated	leur Son	
(By a directed, by a directed, by a directed, by a directed, by a directed by a direct by	etor, president or other officer – if directors of y an incorporator – if in the hands of a receif fiduciary by that fiduciary)	
M	ELANIE D. SIMPKINS	
	(Typed or printed name of person si	uning)
PR	ESIDENT	
	(Title of person signing))