

PO4 000106411

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

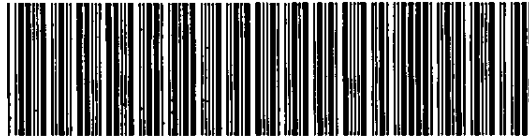
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2016 MAR 24 PM 6:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

MAR 31 2016

C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: LMS Research Inc

DOCUMENT NUMBER: P0400106411

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

Please return all correspondence concerning this matter to the following:

Greg Clifford
Name of Contact Person

LMS Research
Firm/ Company

801 International Pkwy #500
Address

Lake Mary, FL 32746
City/ State and Zip Code

lmsresearch@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

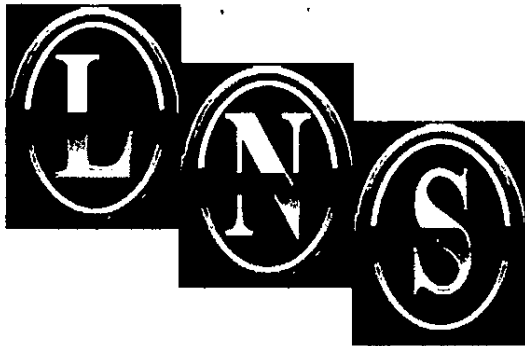
Greg Clifford at (888) 838-5552
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



LNS RESEARCH INC.
335 S SR 415 New Smyrna, Fl 32168
Phone 386-428-1936 Fax 386-409-0336
lnsresearch@bellsouth.net

LNS RESEARCH HAS SOLD ASSETS TO LNS RESEARCH CHECKS LLC ON
MARCH 1ST 2016. INCLUDED IN ASSETS IS THE COMPLETE NAME
LNS RESEARCH INC.

LNS RESEARCH INC HEREBY GIVE NAME TO LNS RESEARCH CHECKS LLC
AS OF MARCH 1ST 2016.

FILED WITH THE STATE OF FLORIDA DOC NUMBER L16000029595

3-17-16 DATE
Lynne Gray LYNNE GRAY
REGISTERED USER SIGNATURE

STATE OF Florida COUNTY OF Volusia
SWORN TO AND SUBSCIBED BEFORE ME THIS 17 DAY OF
March 2016. BY Lynne Gray WHO IS PERSONALLY KNOWN TO
ME OR PRODUCED _____ AS ID.

Catherine Hathaway
PRINTED NAME: Catherine Hathaway

NOTARY PUBLIC

MY COMMISSION EXPIRED: 2/9/19



Catherine Hathaway
NOTARY PUBLIC
STATE OF FLORIDA
Comm# FF190157
Expires 2/9/2019

Articles of Amendment
to
Articles of Incorporation
of

LMS Research Inc

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

P04000106411

(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:

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)

801 International
#500
Lake Mary, FL 32746

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

Same

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 _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(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

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

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F. If an amendment provides for an 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)

[illegible]

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

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 3-21-16

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)

Lynne Gray
(Typed or printed name of person signing)

Pres

(Title of person signing)