

POS000027284

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100060752451

10/21/05--01009--021 \*\*43.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 OCT 21 AM 9:28

FILED

J. Shivers OCT 25 2005

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Script Shield, Inc

**DOCUMENT NUMBER:** PO5 0000 27284

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

Please return all correspondence concerning this matter to the following:

Beth Shadowitz, Esq  
(Name of Contact Person)

Shadowitz Associates PA  
(Firm/ Company)

551 NW 77 St. Suite 102  
(Address)

Boca Raton FL 33487  
(City/ State and Zip Code)

For further information concerning this matter, please call:

Beth Shadowitz at (561) 241 6740  
(Name of Contact Person) (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

SECRETARY OF STATE  
TALLAHASSEE, FL 32301

05 OCT 21 AM 9:28

FILED

**Articles of Amendment  
To  
Articles of Incorporation  
of**

**Script Shield, Inc.**

Document Number P05000027284

**Amendments Adopted/Added:**

1. The Federal Employers Identification Number is: 20-2463318
2. The date of this adoption is October 14<sup>th</sup>, 2005.
3. The amendment was adopted by the board of directors without shareholder action and shareholder action was not required.

Signature



Dan McCaffery, President

FILED

05 OCT 21 AM 9:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA