## P06000005290

(Re	equestor's Name)	
,		
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SECRETARY OF STATE FALLAHASSEE, FLORID

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N.C.

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF COI	RPORATION: Total Compl	liance On-Site Drug Testing	, Inc.
DOCUMENT N	UMBER: P06000005290	· · · · · · · · · · · · · · · · · · ·	<del></del>
The enclosed Ara	ticles of Amendment and fee a	re submitted for filing.	
Please return all	correspondence concerning thi	is matter to the following:	
Ca	therine Tucker		
	(Name	of Contact Person)	
To	otal Compliance On- Site I	Drug Testing, Inc.	
	(Fi	rm/ Company)	
12	553 83rd Lane North		
		(Address)	
W	est Palm Beach, FL 33412		
	(City/ S	tate and Zip Code)	<del></del>
For further inforr	nation concerning this matter,	please call:	
Catherine Tucke	r	at (561)514-14	
(Na	ne of Contact Person)	(Area Code & Daytim	e Telephone Number)
Enclosed is a che	ck 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)
Division of P.O. Box	ent Section of Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

## Articles of Amendment to Articles of Incorporation of

Total Compliance	On-Site Dru	g Testing	Group,	Corp

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

P06000005290		
(Document number of corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Pradopts</i> the following amendment(s) to its Articles of Incorporation:	ofit Corporation	
NEW CORPORATE NAME (if changing):		
The Compliance On-Site Drug Testing Group, Corp		
(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp. (A professional corporation must contain the word "chartered", "professional association," or the	" "Inc.," or "Co.") e abbreviation "P.A."	)
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)	Article Number(s)	)
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	1100	
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	ATE ORIDA	57
(Attach additional pages if necessary)		
If an amendment provides for exchange, reclassification, or cancellation of issue for implementing the amendment if not contained in the amendment itself: (if not		
(continued)		

The date of each amendmen	nt(s) adoption: 01/25/07
Effective date if <u>applicable</u> :	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	) was/were approved by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval.
	) was/were approved by the shareholders through voting groups. The nt must be separately provided for each voting group entitled to vote amendment(s):
"The number o	of votes cast for the amendment(s) was/were sufficient for approval by
<del></del>	(voting group)
	) was/were adopted by the board of directors without shareholder action ction was not required.
The amendment(s shareholder action	) was/were adopted by the incorporators without shareholder action and was not required.
sele	director, president or other officer - if directors or officers have not been cted, by an incorporator - if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)
Ca	therine Tucker
<del></del>	(Typed or printed name of person signing)
Pro	esident
-	(Title of person signing)

**FILING FEE: \$35**