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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: MOORE Clinical R	tesearch	····		
DOCUMENT NUMB					
The enclosed Articles	of Amendment and fee are sub	omitted for filing.			
Please return all corre	spondence concerning this mat	tter to the following:			
	Jeffrey L Smyth				
		Name of Contact Person			
	MOORE Clinical Research				
	Firm/ Company				
	1104 Kyle Wood Lane				
	Address				
	Brandon, FL 33511				
		City/ State and Zip Code			
	tderogatis@mooreer.com				
	E-mail address: (to be us	ed for future annual report	notification)		
For further information	n concerning this matter, pleas	se call:			
Jeffrey L. Smyth		at (422-4192		
Name	of Contact Person	Area Coo	_)de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made [payable to the Florida Depa	ortment 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)		
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

Articles of Amendment to Articles of Incorporation of

MOORE Clinical Research Inc.

(Name o	of Corporation as curre	atly filed with the Florida Dept. of State)	
P06000039312			
	(Document Number	r of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006. Florida Statutes, th	is Florida Profit Corporation adopts the fe	llowing amendment(s) t
A. If amending name, enter the new na	ame of the corporation:		
N/A			The new
name must be distinguishable and contain "Inc" or Co" or the designation "C "chartered," "professional association,	lorp," "Inc," or "Co".	"company," or "incorporated" or the abbi A professional corporation name must 1."	reviation "Corp.,"
B. Enter new principal office address,	if applicable:	N/A	
(Principal office address MUST BE A S			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	797/ FEB -
,	<u> </u>		co
			بې
D. If amending the registered agent at	nd/or registered office a	ddress in Florida, enter the name of the	. 5
new registered agent and/or the new			
Name of New Registered Agent	N/A		
tume ty two tegeneral tigens			
	(Florida	street address)	
	N/A		
New Registered Office Address:		, Florida, Florida	(Zip Code)
		,	
New Registered Agent's Signature, if o			
I hereby accept the appointment as regis	tered agent. I am familia	ar with and accept the obligations of the po	sition.
_	Signature of Nev	v Registered Agent, if changing	
	- •		
Check if applicable			

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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)

Example:

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.

X Change	<u>PT</u>	John Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>SV</u>	ally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address	
I) x Change	AMBR	Jeffrey L Smyth	1104 Kyle Wood Lane	
Add			Brandon, FL 33511	
Remove				
2) Change				
Add				
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

	dding additional Ar sheets, if necessary).	(Be specific)			
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			•		
If an amendment	provides for an exc	change, reclassifica	tion, or cancellation	of issued shares,	
provisions for in	nplementing the am	iendment if not cor	tained in the amend	ment itself:	
(if not applie	capie, indicate (N/A)				
		.	- <u>-</u>		
'A					
'A					-
'A	· · · · · · · · · · · · · · · · · · ·				
'A					

The date of each amendment(s) addate this document was signed.	loption:, if other	than the
Effective date if applicable:	(no more than 90) days after amendment file date)	
	(no more than 91) days after amenament file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be liste partment of State's records.	ed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were addaction was not required.	pted by the incorporators, or board of directors without shareholder action and shareholder	r
☐ The amendment(s) was/were add by the shareholders was/were st	pted by the shareholders. The number of votes east for the amendment(s) flicient for approval.	
☐ The amendment(s) was/were appropriate the separately provided for	roved by the shareholders through voting groups. The following statement 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)	
Dated	03 Feb 2021 HHVV	
(By a.d. selecte	rector, president or other officer – if directors or officers have not been it, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	Jeffrey Smyth	
	(Typed or printed name of person signing)	
	AMBR	
	(Title of person signing)	