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MAR 2 5 2010

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION:	Medical Check In Systems	s, Inc	
DOCUMENT NUMBER:		P06000148118		
The enclosed Article	es of Amendment and fee a	re submitted for filing.		
Please return all cor	respondence concerning thi	s matter to the following:		
		John L Corn		
	ı N	ame of Contact Person		
_	Medica	Check In Systems, Inc		
		Firm/ Company		
_	10460 Roosevelt Blvd #314			
		Address		
_	St Petersburg, FL 33716			
	C	ity/ State and Zip Code		
	jcorn@m E-mail address: (to be use	edicalcheckin.com d for future annual report notification)		
For further informate	tion concerning this matter,	please call:		
,	John L Corn	at (800) 97	71-8871	
Name of Contact Person		Area Code & Daytime Tele	ephone Number	
Enclosed is a check	for the following amount n	nade payable to the Florida Depart	ment 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		Street Address		
Amendment Section		Amendment Section		
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building		
Tallahassee, FL 32314		2661 Executive Center Circl	e	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Medical Check In Systems, Inc. Document Number P06000148118

Pursuant to the provisions of Section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment to it's Articles of Incorporation;

ARTICLE I

The name of the corporation shall be:

Check In Systems, Inc.

The date of amendment adoption shall be: mar 10, 2010

10 MAR 24 MI ID: 10
SECRETARY OF STATE
SECRETARY OF STATE

The Amendment was adopted by the shareholders. The number of votes cast for the amendment by the shareholders was sufficient for approval.

Dated:

March 19th, 2010

Signature:

John L Cokn, President