## P070000/8382

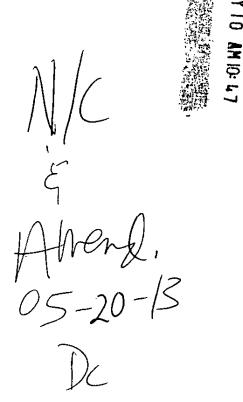
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PICK-UP	☐ WAIT	MAIL		
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Special Instructions to Filing Officer:				
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## **COVER LETTER**

TO: Amendment Section Division of Corporations				
NAME OF CORPORATION: DBD BILLING SECVICES JAC 1  DOCUMENT NUMBER: 0700018382				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Name of Contact Person  DBD BILLIAN SCORE TO STAND SERVICES  Firm/ Company  Address  Address  City/ State and Zip Code  City/ State and Zip Code  E-mail address: (To be used for future annual report notification)				
For further information concerning this matter, please call:				
Dexter Head at 72 219-4041  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  Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  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

Articles of Amendment
to Articles of Incorporation
Of the state of th
DBD Billing Services, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)
FO 1000018382
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
DBD Medical Billing + Collections 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."
word chartered, projessional association, or the appreviation F.A.
B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
34991
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
(Framing namess MAT BE ATOST OFFICE BOX)
Shut, rc
34995
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
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

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)

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.

Example: X Change	<u>PT</u>	John Do	<u>se</u>	
X Remove	<u>v</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change				
Add		_		
Remove				
3) Change				
Add		_		
Remove				
4) Change	<u></u>			
Add				
Remove				<del></del>
5) Change		_		
Add				
Remove				
6) Change		- <b>-</b>		
Add				
Remove				

amending or adding additional Artic tach additional sheets, if necessary).	(Be specific)
	-
	<del>-</del>
	·
in amendment provides for an eychi	ange, reclassification, or cancellation of issued shares,
ovisions for implementing the amen	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption: 2713  Effective date if applicable: 2713  (no more than 90 days after amendment file date)
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"
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.
Dated2
Signature Deuto . How
(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)
Dexter D. Head
(Typed or printed name of person signing)
President
(Title of person signing)