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(Add	dress)	<u></u>
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(City	//State/Zip/Phon	e #)
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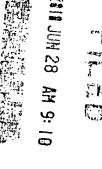
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment	and fee are submitted for filing.		
Please return all correspondence conce	erning this matter to the following:		
	LEO, ANTHONY		
	Name of Contact Person		
2	4-SEVEN DRUG TESTING, INC.		
	Firm/ Company		
	3923 Lake Worth RD. SUITE 2 1		
	Address		
	LAKE WORTH, FL 33411		
	City/ State and Zip Code		
E-mail address:	(to be used for future annual report notification)		
For further information concerning this	s matter, please call:		
LEO, ANTHONY	at (561) 966-8744 Area Code & Daytime Telephone Number		
Name of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check for the following a	amount made payable to the Florida Department of State:		
\$35 Filing Fee \$43.75 Filing Fe Certificate of Sta			
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



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

24-SEVEN DRUG TESTING, INC.

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

name must be distinguishable and conta abbreviation "Corp.," "Inc.," or Co.," or name must contain the word "chartered,"	the designation "Corp," "Inc," or "Co	". A professional corporation
B. Enter new principal office address, if (Principal office address MUST BE A STR		
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF		
D. If amending the registered agent and/ new registered agent and/or the new r		enter the name of the
		enter the name of the
new registered agent and/or the new r	registered office address:	enter the name of the
new registered agent and/or the new r	registered office address: LEO, ANTHONY	enter the name of the
new registered agent and/or the new r Name of New Registered Agent:	LEO, ANTHONY 3923 Lake Worth RD.	
new registered agent and/or the new r Name of New Registered Agent:	LEO, ANTHONY 3923 Lake Worth RD. (Florida street address) LAKE WORTH	enter the name of the Florida 33461 (Zip Code)

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)

<u>Title</u>	Name	Address	Type of Action
P,S,T	RASIMOWICZ, JODY	102 COCOPLUM CIRCLE ROYAL PALM BEACH FL 3341	☐ Add ☐ Remove
D	LEO, ANTHONY	3923 Lake Worth RD. LAKE WORTH, FL 33411	☑ Add □ Remove
			☐ Add ☐ Remove
	g or adding additional Articles, enter cional sheets, if necessary). (Be specific		
provisions	dment provides for an exchange, recla for implementing the amendment if no applicable, indicate N/A)		

The date of each amendmen	
Effective date if applicable:	(date of adoption is required) 06/21/2010
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(stere sufficient for approval.
The amendment(s) was/we must be separately provide	ere approved by the shareholders through voting groups. The following stateme led 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	(voting group)
	(voting group)
action was not required.	ere adopted by the board of directors without shareholder action and shareholde ere adopted by the incorporators without shareholder action and shareholder
sel	y a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	LEO, ANTHONY
	(Typed or printed name of person signing)
	# BITECTOR
	(Title of person signing)