(((H110001889143)))



H110001889143ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : FASTKIT CORP
Account Number : I20100000009
Phone : (305)599-0839
Fax Number : (305)592-9591

MECKETARY OF STATE

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

HECEIVED 11 Jul 25 ané 17 Ecretari Gestate Allahassee, florida

COR AMND/RESTATE/CORRECT OR O/D RESIGN SCHOOL OF CLINICAL RESEARCH INC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

7 13671

TALLAMASSEE FICATE

Articles of Amendment

Articles of Incor		Articles of Incorporation	on and a second	145
	SCHOOL OF	HINC		
(Name of Corporation as currently filed with the Florida Dept. of State)				
	P	10000093898		2
	(Document)	Number of Corporation (if kno	nwn)	
Pursue amend	ant to the provisions of section 607. iment(s) to its Articles of Incorporation	1006, Florida Statutes, this F	Torida Profit Corporation adopts the fol	lowi
A. <u>If</u>	amending name, enter the new nam	e of the corporation:		
abbres	must be distinguishable and conta viation "Corp.," "Inc.," or Co.," or must contain the word "chartered," "	the designation "Corp." "In	The new "company," or "incorporated" or the c," or "Co". A professional corporation the abbreviation "P.A."	!
	iter new principal office address, if: cipal office address <u>MUST BE A STR</u>			
	nter new mailing address, if applica failing address <u>MAX BE A POST O</u> f			
	amending the registered agent and/ow registered agent and/or the new registered Agent:		n Florida, enter the name of the	
	New Registered Office Address:	(Florida street a	address)	
		(City)	, Florida(Zip Code)	
	Registered Agent's Signature, if char by accept the appointment as registere	ed agent. I am familiar with a	and accept the obligations of the position.	
		Signature of New Registere	d Agent, if changing	

Page 1 of 3

Mamending 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)

Title	<u>Name</u>	Address	Type of Action		
D	PEDRO E. AVILA	7309 W FLAGLER ST MIAMI, FL 33144	☑ Add ☐ Remove		
<u>D</u>	JANETT A. JALIL	7309 W FLAGLER ST. MIAMI, FL 33144	☑ Add □ Remove		
			☐ Add ☐ Remove		
	g or adding additional Articles, enter c tional sheets, if necessary). (Be specific				
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)					

The date of each amendmen	t(s) adoption: JULY 22, 2011	
Effection date if applicable:	JULY 22, 2011 (date of adoption is required)	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we by the shareholders was/w	are adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
The amendment(s) was/we must be separately provide	the approved by the shareholders through voting groups. The following statement and 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)	
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder	
Dated_JUL	Y 22, 2011	
Signature -	Trypos	
(By	y a director, president or other officer — if directors or officers have not been	
	ected, by arrincorporator — if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	•	
	JOAQUIN H HECHAVARRIA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	