P110000 36222

(Reque	stor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: IMDR INC			
DOCUMENT NUMBE	R: P11000036222			
The enclosed Articles of	Amendment and fee are su	bmitted for filin	ıg.	
Please return all correspo	ondence concerning this ma	tter to the follo	wing:	
		MAYEL	IN SUAREZ	
_		Name of Co	ntact Person)
		IMDR I	NC	
		Firm/ C	ompany	
		3311 43RE		
	·	Ado	Iress	
		NAPLES	FL 34120	
		City/ State a	nd Zip Code	
		CGPSSERVI	CES@AOL.	СОМ
	E-mail address: (to be us		-	
For further information c	oncerning this matter, pleas	se call:		
MAYELIN SUAREZ		at (239)
Name of		Area Coo	de & Daytime Telephone Number	
Enclosed is a check for the	ne following amount made	payable to the F	lorida Depa	rtment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Fil Certified C (Additional enclosed)	Сору	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amend Divisio P.O. B	g Address Iment Section on of Corporations ox 6327 assee, FL 32314		Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

IMDR INC

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

PI	1000036222	
(Docum	ent Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporatio	n adopts the following amendment(
A. If amending name, enter the new name of the co	rporation:	
IMDR	ROAD SERVICES INC	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the designation of the contained to the co	" "Inc," or "Co". A professional corp	orporated" or the abbreviation
B. Enter new principal office address, if applicable:	<u></u>	· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADD		7
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u></u>	- E
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	(0)	, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regi		tions 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>e</u>	
X Remove	<u>v</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	nith	
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		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change	- <u>-</u>	_		
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)					
			NC to IMI	OR ROAD SERVICES IN	С
					
					
					•
					
					
			<u>.</u>		
10		_			
<u>provisi</u>	<u>ons for implementing t</u>	<u>he amendment i</u>	lassification f not contain	, or cancellation of issued to the supplementation of itself in the amendment itself.	<u>1 shares,</u> <u>elf:</u>
(if	not applicable, indicate	N/A)			
				· · · · · · · · · · · · · · · · · · ·	

The date of each amendment date this document was signed		, if other than the
_	01/04/2016	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this dathe Department of State's records.	te will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/web by the shareholders was/web	re adopted by the shareholders. The number of votes cast for the amendment(sere sufficient for approval.	3)
	re approved by the shareholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s):	ent
	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
	re adopted by the board of directors without shareholder action and shareholde	er
☐ The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder	
01/04 Dated	/2016	
Signature	× MV	
(E	by a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other courpointed fiduciary by that fiduciary)	t
	MAYELIN SUAREZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	