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APPROVED AND FILED

C. LEWIS

JAN 24 JD14

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: LEGAL SEP	RVICES ASSIST	TANCE, INC.		
DOCUMENT NUMI	BER: P1200005691	7			
	of Amendment and fee are sul				
Please return all corre	spondence concerning this mat	ter to the following:			
	Craig Flint				
	Name of Contact Person				
		Firm/ Company			
	934 N. UNIVERSITY DRIVE #244				
	CORAL SPRINGS, FL 33071				
	CONAL SI MINO	City/ State and Zip Code	2		
de	velle31@gmail.cor	•			
-		ed for future annual report	notification)		
For further information concerning this matter, please call:					
Craig Flint		_{at (} 954	661-9985		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department 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 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



LEGAL SERVICES ASS	ISTANCE, INC.		1/2	The second
(Name of Corporation as	currently filed with the Flo	rida Dept. of State)	***************************************	A KARATERIA
P12000056917				- (),
(Documen	t Number of Corporation (if k	inown)	· •	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>Fl</i>	orida Profit Corporation ado	pts the following	g amendment(s) to
A. If amending name, enter the new na	me of the corporation:			
Medical Procedure Cons	ultants Inc.			The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "Ce	o". A professional corporati	ated" or the al ion name must c	bbreviation contain the
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>				-
				-
C. Enter new mailing address, if appli				
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX)			-
				-
				_
D. If amending the registered agent an new registered agent and/or the new		ss in Florida, enter the name	e of the	
Name of New Registered Agent	Craig Flint			
	934 N. UNIVERS	ITY DRIVE #244		
	(Florida stree	•		
New Registered Office Address:	Coral Springs	Florida	33071	_
	(City)		(Zip Code)	-
New Registered Agent's Signature, if c	honging Degistered Agents			
I hereby accept the appointment as register		th and accept the obligations	of the position.	
C	~ ~ ~			

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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	P	CARPINIELLO, MARC	934 N. University Dr #244
Add			CORAL SPRINGS, FL
Remove			33071
2) Change	Р	Flint, Craig	934 N. University Dr #244
Add			CORAL SPRINGS, FL
Remove			33071
3) Change	VP	DELGRECO, GARY JR	9379 COBBLESTONE
Add			BROOKE CT,BOYNTON
Remove			BEACH, FL 33472
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If an amendment provides for an exchange, reclassification, or cancellation of issued provisions for implementing the amendment if not contained in the amendment itse (if not applicable, indicate N/A)	
provisions for implementing the amendment if not contained in the amendment itse	
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The date of each amendment(s) adoption:	January 8,	2014	if other than the
date this document was signed.	1	\overline{W}	ALL III JAFA LANE
Effective date if applicable:			
	(no more than 90 days after a	mendment file date)	
Adoption of Amendment(s) (CHE	CK ONE)		
The amendment(s) was/were adopted by the shop the shareholders was/were sufficient for ap	nareholders. The number of vo proval.	otes cast for the amer	ndment(s)
The amendment(s) was/were approved by the must be separately provided for each voting g			
"The number of votes cast for the amend	Iment(s) was/were sufficient fo	r approval	
by		·**	
(votii	ng group)		
The amendment(s) was/were adopted by the baction was not required.	oard of directors without share	holder action and sh	areholder
The amendment(s) was/were adopted by the ir action was not required.	ncorporators without sharehold	er action and shareh	older
Dated January 8th, 2014			
	lent of other officer – if director porator – if in the hands of a r by that fiduciary)		
Craig Flin	t		
	(Typed or printed name of	of person signing)	
President	t		
	(Title of person s	signing)	