P14000045370

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: CLINICAL	INTEL INCORP	JRATED
DOCUMENT NUMBER: P1400004537	<u>'0</u>	
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
BLOCH, GREGO	RY R	
	Name of Contact Person	1
Clinical Intel Inco	rporated	
	Firm/ Company	
2219 LOOKOUT	LANDING DRIV	Έ
	Address	
FLEMING ISLAN	D, FL 32003	•
	City/ State and Zip Code	2
GBLOCH@COMCA	ST.NET	
	sed for future annual report	notification)
For further information concerning this matter, pleas	se call:	
GREGORY R. BLOCH	at (904	, 434-3354
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	artment 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	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle ussee, FL 32301

Articles of Amendment to Articles of Incorporation of

CLINICAL INTEL INCORPORATED	
(Name of Corporation as currently filed with the Flo	orida Dept. of State)
P14000045370	
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Clinical Enterprise Solutions Incorporated	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "F	," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A TO THE TOTAL T
C. Enter new mailing address, if applicable:	N/A POSTAR SEE FIGURE N/A N/A
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	R: F3
D. If amending the registered agent and/or registered office address: Name of New Registered Agent N/A	ess in Florida, enter the name of the
(Florida stree	ot 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 wi	(Zip Code) ith and accept the obligations of the position.
Signature of New Registered Ag	gent, 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>oe</u>	
X Remove	<u>v</u>	Mike Jo	ones	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change				
Add Remove				
2) Change	<u> </u>	_		
Add				
Remove		•		
3) Change				stream and the second s
Add				
Remove				
4) Change		- -		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

E. <u>If am</u>	ending or adding additional Articles, enter change(s) here:
(Attac	n additional sheets, if necessary). (Be specific)
	$\mathcal{N} / \mathcal{N}$
	/
	•
If an a	mendment provides for an exchange, reclassification, or cancellation of issued shares,
<u>provi</u>	sions for implementing the amendment if not contained in the amendment itself:
(f not applicable, indicate N/A)
	X//D

The date of each amendment(s) adoption: if other than date this document was signed.	1 the
Effective date if applicable: December 2014 (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" (voting group)	
(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.	
Dated December 20, 2014	
Signature Gregory R. Bloch, president Melyon, Deck	ノ
(By a director, president or other officer – if directors of officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Gregory R. Bloch	
(Typed or printed name of person signing)	
president	
(Title of person signing)	

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