## P1400090297

(Requestor's Name)	
(Address)	00029
(Address)  (City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	06/15/17
(Document Number)	
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JUN 1 9 2017 S. YOUNG

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Concise	Diagnostics	2 000
	er: <u> </u>		
The enclosed Articles of	of Amendment and fee are su	abmitted for filing.	
Please return all corresp	oondence concerning this ma	atter to the following:	
-	Clarence Wih	Name of Contact Person	
_	Concise Diagno	12+:02 C2rp	
		Firm/ Company	
_	5400 S. Univer	situ Drive, Sui	te 305 B
	5400 S. Univer	Address	
	Davie Marida	22220	
-	Davie, Florida	City/ State and Zip Cod	le .
		on <sub>i</sub> , omic and oip ood	
	Ċ	White@ConciseLa	b. CCM
	E-mail address: (to be us	White@Conci secal	notification)
For further information	concerning this matter, pleas	se call:	
Clarence Wil	.70	or/ GEN	
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	☐S43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Divisi P.O. E	ng Address dment Section on of Corporations Box 6327 assee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

## Articles of Amendment to

## Articles of Incorporation

DILLONG (Name of Corporation	on as currently filed with the	Florida Dept. of State)	
Y 19 0000 90297			
(Docum	ent Number of Corporation (if	known)	
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit C	orporation adopts the follow	ving amendment(s)
A. If amending name, enter the new name of the cor	rporation:		
			The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp. word "chartered," "professional association," or the a	" "Inc," or "Co". A profess		abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD)			
	<del></del>	<u>.                                    </u>	· -
C. Enter new mailing address, if applicable:			· · · · · · · · · · · · · · · · · · ·
(Mailing address <u>MAY BE A POST OFFICE BON</u>	<u> </u>		<u>t</u> .
		- -	·
			ar in O
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		enter the name of the	7
Name of New Registered Agent			
			<del></del>
	(Florida street address)	<del></del>	
New Registered Office Address:		. Florida	
	(City)		ip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent I	stered Agent:	he abligations of the position	o.
The second secon	, with the the text of the	is somgations by the position	
Signa	ture 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.

X Change	<u>PT</u>	John Doe	
X Remove	$\underline{V}$	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	G	Bianca Williams	Sitoo South University Dr
Add			Suite 305-B
X_Remove			Davie, FL 33328
2) Change			
Add			
Remove			
3 ) Change			_
Add			
Remove			
4) Change		_	_
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach <i>additional sheets, if necessary).</i>	(Be specific)
•	
<u>.</u>	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
•	
-	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
tho more than 90 days after amendment file da	(IC)
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requiremedocument's effective date on the Department of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was were adopted by the shareholders. The number of votes east for the a by the shareholders was were sufficient for approval.	mendment(s)
☐ The amendment(s) was were approved by the shareholders through voting groups. The follow must be separately provided for each voting group entitled to vote separately on the amenda	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was were adopted by the board of directors without shareholder action and action was not required.	f shareholder
☐ The amendment(s) was were adopted by the incorporators without shareholder action and sha action was not required.	reholder
Dated_ June 12, 2017	
Signature Clare Curry  (By a director, president or other officer—if directors or officers have selected, by an incorporator—if in the hands of a receiver, trustee, of appointed fiduciary by that fiduciary)	
Clarence White (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
Director	
(Title of person signing)	