P17000081383

(Re	equestor's Name)			
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TIVISION OF CORPORATION

amend

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	LEHIGH MEDICA	L AND RES	SEARCH C	TENTER, INC
DOCUMENT NUMBER:	000081383			
The enclosed Articles of Amendm	ent and fee are submit	ted for filing		
Please return all correspondence e	oncerning this matter t	o the followi	ng:	
		DAISY MAI	RTINEZ	
,	N	lame of Cont	act Person	
	LEHIGH MEDICAL	AND RESE	ARCH CE	NTER, INC
		Firm/ Cor	npany	
	5624 80	24 8th Street West, Suite 112		
		Addre	:88	.
	Lehig	h Acres, Flor	ida 33971	
	C	ity/ State and	l Zip Code	
E-mail For further information concerning	address: (to be used for		ual report r	notification)
	inis matter, prease ca			
Daisy Martinez		at (239	772-1194 le & Daytime Telephone Number
Name of Contact Person			Area Cod	e & Daytime Telephone Number
Enclosed is a check for the following	ng amount made paya	ble to the Flo	rida Depar	tment of State:
~	ficate of Status (\$43.75 Filing Certified Cop Additional cenclosed)	py	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Addres Amendment Sec Division of Corp P.O. Box 6327 Tallahassee, FL	tion porations		Division Clifton 1 2661 Es	Address nent Section n of Corporations Building ceutive Center Circle see. FL 32301

SECRETARY OF STATE
SECRETARY OF STATE
SECRETARY OF STATE

Articles of Amendment Articles of Incorporation

	Lehigh Medical And F	tesearch Center, Inc			
(Name (of Corporation as current	ly filed with the Florida Dept	of State)		
	P000081383				
	(Document Number of	of Corporation (if known)			
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation ac	dopts the following a	mendm	ent(s) to
A. If amending name, enter the new na	me of the corporation:				
			77	he nes	и,
name must be distinguishable and com "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc." or	"Co". A professional corpora	nrated" or the abhi ition name must cor	eviatio itain th	n E
B. Enter new principal office address.	if annlicable:	5624 8th Street West Suite	112		
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		Lehigh Aeres, Florida 339	71		
C. Enter now mailing address if anni-	aabla:	- 			
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		5624 8th Street West Suite 112			
		Lehigh Acres, Florida 33971			
				,	
					<u>ت</u>
D. If amending the registered agent an new registered agent and/or the new			ie of the	17	155 255 256
		-		0EC	9: 2 2
Name of New Registered Agent	5624 8th Street West Suit	o 112		_	
		reet address)		2	်ပိုင် ၁၈ဝင်
V D C LOG LI	Lohigh Agree 33071		E.	0,5	
New Registered Office Address:	. Florida_		, Florida <u></u>	;	<u> </u>
				வ	물'''
New Registered Agent's Signature, if of I hereby accept the appointment as registed.	nanging Registered Agent ered agent. I am familiar	: with and accept the obligations	s of the position.		Ç.·
	Signature of New 1	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:

 $P o President; V^*$ Vice President; T - Treasurer; S^* Secretary; D - Director; TR = Trustee; C = Chairman or Clerk; CEO o 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: XChange	<u>6.1.</u>	John Du	<u>0¢</u>	
X Remove	<u>V</u>	Mike Jo	nes	
<u>X</u> Add	<u>SV</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

E. <u>If amending or adding additional Arti-</u> (Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
N/A	(in specific)
·- -	
-	
· —	
	· · · · · · · · · · · · · · · · · · ·
	
E. Hun amandment provides for an arch	ange, 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) N/A	
	
	

The date of each amendment(s) adoption:	
date this document was signed.	
October 31, 2017 Effective date if applicable:	
	re than 90 days after amendment file date)
Note: If the date inserted in this block does not meet to document's effective date on the Department of State's re-	the applicable statutory filing requirements, this date will not be listed as the ecords.
Adoption of Amendment(s) (CHECK ON	<u>SE</u>)
☐ The amendment(s) was/were adopted by the sharehold by the shareholders was/were sufficient for approval.	fers. The number of votes east for the amendment(s)
☐ The amendment(s) was/were approved by the shareho must be separately provided for each voting group en	
"The number of votes east for the amendment(s)) was/were sufficient for approval
by	<u> </u>
(voting group	
 ☐ The amendment(s) was/were adopted by the board of action was not required. ☐ The amendment(s) was/were adopted by the incorpora action was not required. 	
October 31, 2017	
Signature	
(By a director, president or o	ther officer – if directors or officers have not been – if in the hands of a receiver, trustee, or other court
الل	ilio C. Reyes Gavilan
(Typed or	printed name of person signing)
	President
	(Title of person signing)