Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000364419 3)))



H230003644193ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number :

: (850)617-6380

From:

Account Name : USACORP INC. Account Number : I20130000019 Phone : (718)362-4789 Fax Number : (718)408-2550

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: CAROLMCMAHON3@aol.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN CMI MARKETING RESEARCH, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

10/18/2023 12:47

From:17184082550 To:18506176383 Date Time 10/18/23 12:46PM Pages: 5 P: 2/5

(((H23000364419 3)))

Articles of Amendment

A	Articles of Incorporation of	
CMI MARKETING RESEARCH, INC.	OI	
(Name of Corporatio	n as currently filed with the Florida Dept. of State)	
P17000092208		
(Docume	ent Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following	owing amendment(s) to
A. If amending name, enter the new name of the cor	rporation:	
CMI Survey Research, Inc.		The new
	rporation," "company," or "incorporated" or the abbrev or "Co". A professional corporation name must co viation "P.4."	ration "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD)		
		202
C. Enter new mailing address, if applicable:		308 17
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
D. If amending the registered agent and/or registere		9: 12
new registered agent and/or the new registered o	ffice address:	r. /
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	, Florida, Florida	Zip Code)
		<u> </u>
New Registered Agent's Signature, if changing Regis	stered Agent: am familiar with and accept the obligations of the positi	au.
т петеру иссерстве арронатель из гедімегей адет.	am jamatar with and accept the obligations of the positi	on.
Survey	ture of New Registered Agent, if changing	
	and of the regioners agent, y changing	
Check if applicable	07 0130 (11) (a) E P	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

10/18/2023 ·12:47 From:17184082550 To:18506176383 Date Time 10/18/23 12:46PM Pages: 5 P: 3/5

(((H230003644193)))

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 Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u> </u>	John Doe		
X Remove	<u>V</u>	Mike Jones		
<u>X</u> Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) Change				
Add				
Remove			2023 OCT	
2) Change			0CT	i ;
Add			. 8 .	943
Remove 3) Change				
Add			12	
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

amending or adding additional Articles, enter change(s) here: ttach additional sheets, if necessary), (Be specific)	
	<u>-</u>
	207.
	2073 OCT
	
	5
	10°
	% A 9:
	2
	10
an amendment provides for an exchange, reclassification, or cancellation of issued shares	
provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
	-

10/18/2023 - 12:47 From:17184082550 To:18506176383 Date Time 10/18/23 12:46PM Pages: 5 P: 4/5

10/18/2023 12:47 From:17184082550 To:18506176383 Date Time 10/18/23 12:46F	M Page:	s: 5 P:	5/5
(((H23000364419 3)))			
The date of each amendment(s) adoption: date this document was signed.	, i	f other tha	in the
Effective date if applicable: (no more than 90 days after amendment file date)		<u>.</u>	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	: will not	be listed a	is the
Adoption of Amendment(s) (CHECK ONE)			
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder netion action was not required.	ı and shar	cholder	
☐ 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.	ŀ		
☐ 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):	ıt		
"The number of votes east for the amendment(s) was/were sufficient for approval			
by			
(voting group)			
October 18, 2023 Dated	 -:	: 2023 C	
Signature // // // Carol McMahon	<u>.</u>	<u> </u>	⊒•
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)		2023 OCT 18 AM 9:	
Carol McMahon	<u>-</u> 	— چ	
(Typed or printed name of person signing)	•	~	

President

(Title of person signing)