## P18000028596

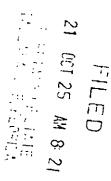
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: FORENSIC STAT	LABORATORY INC	<u>.</u>			
DOCUMENT NUMB	P18000028596					
The enclosed Articles	of Amendment and fee are sub	omitted for filing.				
Please return all corres	pondence concerning this mat	tter to the following:				
	Madhukar Sharma					
•	Name of Contact Person					
	FORENSIC STAT LABORATORY INC					
•		Firm/ Company				
	6428 BEACH BLVD					
	Address					
	JACKSONVILLE FL 32216					
		City/ State and Zip Code				
	payments@ace-medical.org					
	E-mail address: (to be us	ed for future annual report	notification)			
For further information	n concerning this matter, pleas	se call:				
Beverly Pateman		at (	475-2039 ext 1048			
Name of Contact Person		Area Code & Daytime Telephone Number				
Enclosed is a check fo	the following amount made	payable to the Florida Depa	artment of State:			
■ \$35 Filing Fee	☐\$43.75 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)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Division The Co 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assec, FL 32303			

## Articles of Amendment to Articles of Incorporation of

## FORSENIC STAT LABORATORY INC.

(Name of Corporati	on as currently filed wit	h the Florida Dept. of State)
18000028596		
(Docum	ment Number of Corporati	ion (if known)
ursuant to the provisions of section 607.1006, Florida s Articles of Incorporation:	a Statutes, this Florida Pr	rofit Corporation adopts the following amendment(s)
. If amending name, enter the new name of the co	orporation:	
ame must be distinguishable and contain the word "co Inc.," or Co.," or the designation "Corp," "Inc, chartered," "professional association," or the abbre	" or "Co". A profession	The new or "incorporated" or the abbreviation "Corp.," onal corporation name must contain the word
. Enter new principal office address, if applicable Principal office address <u>MUST BE A STREET ADI</u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	
. If amending the registered agent and/or registernew registered agent and/or the new registered		orida, enter the name of the
Name of New Registered Agent	<u>.                                    </u>	
	(Florida street address,	25
New Registered Office Address:	(City)	Florida (ZipcGode)
New Registered Agent's Signature, if changing Reginereby accept the appointment as registered agent.		ccept the obligations of the position.
Sign	ature of New Registered A	Agent, if changing

Check if applicable

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

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)

Example:

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	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	CEO	Madhukar Sharma	6428 Beach Blvd
X Add			Jacksonville FL 32216
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
. <u>.</u>	
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	·
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_ <del></del>	
•	
	The second of the second states
provisions for implementing the am	change, reclassification, or cancellation of issued shares, tendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) ac	loption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this be document's effective date on the De	lock does not meet the applicable statutory filing requirements, to epartment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without sharehold	er action and shareholder
■ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amend officient for approval.	iment(s)
	proved by the shareholders through voting groups. The following seach 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)	
October 20	2021	
Dated	·, · · · · · · · · · · · · · · · · · ·	
Signature M	Adhuller Sharma	
(By a d	irector, president or other officer - if directors or officers have not	been
	d, by an incorporator - if in the hands of a receiver, trustee, or other	er court
appoin	ted fiduciary by that fiduciary)	
-	Madrykar Sharma	<u></u>
	(Typed or printed name of person signing)	
	<u>CEO</u>	
	(Title of person signing)	