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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: INTESTATED RESEATCH PARTNERS COFP DOCUMENT NUMBER: \_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Nata Via Whited

Name of Contuct Person Aralache PKWY Address

All a Vicinity State and Zip Code St. f. f. f. f. S. ma. 1. COM (so be used for future annual report notification) For further information concerning this matter, please call: \_\_\_\_\_)
Area Code & Daytime Telephone Number Name of Contact Person . Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee ☐ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & Certified Copy Certificate of Status Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

## Articles of Amendment

to

## Articles of Incorporation

nΓ

INTESTATED RESEARCH Part	wers Corp
(Name of Corporation as currently	filed with the Florida Dept. of State)
P1800007894/	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>I</i> ts Articles of Incorporation:	Torida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
	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 "Inc. "Inc." or the abbreviation "Inc." or the abbreviation "Inc." or the abbreviation "Inc." ("Principal office address, if applicable: "("Principal office address MUST BE A STREET ADDRESS")	" "company," or "incorporated" or the abbreviation To". A professional corporation name must contain the
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )	PO BOX 13912 Tallahassee, FL 32317
	ital Circle SE
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar v  Signature of New R	2018 OCTALL AH

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	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change		_	
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

f amending or adding additional Article Attach additional sheets, if necessary).	(Re enecific)	
Attach adainmai sheeis, ij hecessary).	(Be specific)	
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f an amendment provides for an excha	nge, reclassification, or cancellation	on of issued shares,
provisions for implementing the amen		
(if not applicable, indicate N/A)		
<del></del>		<del></del>

The date of each amendment(s) adoption date this document was signed.	:	, if other than the
Effective date <u>if applicable</u> :	Timmeda APD Y	
	(no more than 90 days after amendment fi	le date)
iote: If the date inserted in this block do ocument's effective date on the Departmen	es not meet the applicable statutory filing requit of State's records.	irements, this date will not be listed as the
adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes cast for for approval.	the amendment(s)
The amendment(s) was/were approved by must be separately provided for each variately provided.	y the shareholders through voting groups. The failing group entitled to vote separately on the am	ollowing statement endment(s):
"The number of votes cast for the	nmendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopted by action was not required.	the board of directors without shareholder action	n and shareholder
The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action and	d shareholder
Dated/	,	
Cianatura		
Signature(By a director.	president or other officer – if directors or officer	s have not been
	incorporator – if in the hands of a receiver, trust	
appointed fidu	ciary by that fiduciary)	•
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	NP	
	(Title of person signing)	