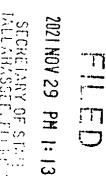
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: Davis Clinical Res	earch Management, Inc.	
DOCUMENT NUM	1144000000000000		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	itter to the following:	
	Barbara A Davis		
		Name of Contact Person	
	Davis Clinical Research Man	agement, Inc.	
		Firm/ Company	· · · · · · · · · · · · · · · · · · ·
	14175 Nautica Ct		
	·	Address	
	Naples, FL 34114		
	· · · · · · · · · · · · · · · · · · ·	City/ State and Zip Code	
	dcrminc2018@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, plea	se call:	
Barbara A Davis		7()↓ at (439-6823
Name	of Contact Person	Area Coo	le & Daytime Telephone Number
Enclosed is a check t	or the following amount made	payable to the Florida Depa	rtment of State:
☐ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 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 Divisio The Co	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

F!LED 2021 NOY 29 PH 1: 13

Davis Clinical Research Management, Inc.

SECRETARY OF STATE

(<u>Name</u>	of Corporation as cur	rently filed with the Flo	rida Dept. of State)
P18000084688			
	(Document Num	ber of Corporation (if kno	own)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes.	this Florida Profit Corp.	oration adopts the following amendment(s
A. If amending name, enter the new n	ame of the corporatio	<u>n:</u>	
N/A			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,	Corp," "Inc," or "Co	". A professional corp	rporated" or the abbreviation "Corp.,"
B. Enter new principal office address,	if annlicable	N/A	
(Principal office address MUST BE A S		· · · · · · · · · · · · · · · · · · ·	
		<u></u>	
C. Enter new mailing address, if appl	icable:	NI/A	
(Mailing address MAY BE A POST		N/A	
			
 If amending the registered agent at new registered agent and/or the ne 			er the name of the
**	N/A	u1 (33.	
Name of New Registered Agent	N/A		
		da street address)	
New Registered Office Address:	N/A		179
		(City)	, Florida (Zip Code)
New Registered Agent's Signature, if c hereby accept the appointment as regis			phliaggions of the position
nereny accept the appointment as regis	iereu ageni. Tam jami	на жил ава ассері те с	тиканот ој те розшоп.
· 2- · ·	Signature of N	ew Registered Agent, if c	hanging

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)

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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	P	Barbara A Davis	14175 Nautica Ct
Add			Naples, FL 34114
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

If an amendment provides for an exchange, reclassification, or exacellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself. (if not applicable, indicate N/A)	If amending or adding additional Artic (Attach additional sheets, if necessary).	(Be specific)
If 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)		(in sprenge)
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	Α	
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(if not applicable, indicate N/A)	provisions for implementing the amen	adment if not contained in the amendment itself:
	(if not applicable, indicate N/A)	
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	· · · · · · · · · · · · · · · · · · ·	
		
	····	

November 22, 2021
The date of each amendment(s) adoption:
Effective date if applicable:
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ 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.
☐ 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):
"The number of votes east for the amendment(s) was/were sufficient for approval
by N/A
(voting group)
Signature (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)
Barbara Davis
(Typed or printed name of person signing)
President
(Title of person signing)