## P19000020367

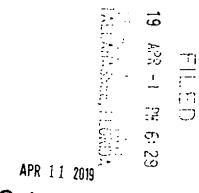
(Requestor's Name)	
(Address)	_
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PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	





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S. YOUNG

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION	ON: DATA RESEARC	H, INC	
DOCUMENT NUMBER:			
The enclosed Articles of An			
Please return all corresponde	ence concerning this ma	tter to the following	
МІСЕ	HELLE BARBER		
LEX:	NA ACCOUNTING LL	Nume of Confact Person C	
	W RUTH AVE	Firm Company	
		A.ldress	<del></del> ·
	_ · · · · - · · · · · · · · · ·	City State and Zip Cod	e
For further information cond		sed for future annual report	notification)
MICHELLE BARBER		602	980-1191
Name of Contact Person		Area Code & Daytime Tetephone Number	
Enclosed is a check for the f	following amount made	payable to the Florida Dep.	iriment of State:
S35 Filing Fee [	IS43.75 Filing Fee & Certificate of Status	_	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address  Amendment Section  Division of Corporations  Chilon Building  2661 Executive Center Circle  Laughessez, Ft. 32301	

## Articles of Amendment to

## Articles of Incorporation

QΪ

DATA RESEARCH, INC		
(Name of Corporation as curre	otly filed with the Florida	Dept. of State)
P19000020367		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, thits Articles of Incorporation:	ns Florida Profit Corporat	ion adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:		
DATA RESEARCH SPECIALISTS, INC.		The new
name must be distinguishable and contain the word "corpora" "Corp.," "Inc.," or Co.," or the designation "Corp." Inc.," or word "chartered," "professional association," or the abbreviation	e. Co. A projessional ve	corporated" or the abbreviation
B. Enter new principal office address, if applicable:	NA	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )		= -11
	<del></del>	
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	N. V	<del></del>
		善 23
D. If amending the registered agent and/or registered office at		e name of the
new registered agent and/or the new registered office addr	ess:	
Name of New Registered Agent N/A	· · · · · · · · · · · · · · · · · · ·	<del></del>
(Florida	street address)	
New Registered Office Address:		. Florida
	Circ	(Zip Code)
New Pagistared Anna? Cincinnate to the Pagistary		
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent—I am tandli	<u>1902</u> ir with and accept the oblig	sitions of the position.
· · · · · · · · · · · · · · · · · · ·		, ,
·		
Signature of Nev	v Registered Agent, if chan,	ging

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 - Dissector, 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 PFD.

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 South 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: X Change	PT John	<u>ı Doe</u>	
X Remove	<u>V</u> <u>Mika</u>	<u>e Jones</u>	
X Add	<u>SV</u> <u>Sally</u>	<u>v Smith</u>	
Type of Action (Check One)	<u> Title</u>	<u>Name</u>	<u>Addres</u> s
1)Change		X.1	
Add			
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change	<del></del>	· = · <del></del>	
Add			
Remove			
5) Change	<del></del>		
Add			
Remove			
6) Change			
Add	<b></b>		
Remove			

(Attach additional :	lding additional Articles, enter change(s) here: sheets, if necessary). (Be specific)
N/A	
F. <u>If an amendment</u>	t provides for an exchange, reclassification, or cancellation of issued shares.
	mplementing the amendment if not contained in the amendment itself: cable, indicate N/A)
N/A	aune, mateure (AA)
<del></del>	· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) a date this document was signed.	adoption:	, if other than the
<del>-</del>	26 2019	
Effective date if applicable:		
	tho more than 96 days after amendment file dates	
<b>Note:</b> If the date inserted in this document's effective date on the I.	block does not meet the applicable statutory filing requirements, the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amenda sufficient for approval.	iuni(s)
☐ The amendment(s) was were apmust be separately provided for	oproved by the shareholders through voting groups. The tollowing start cach voting group entitled to vote separately on the amendmentis)	stement :
"The number of votes cas	et for the amendment(s) was were sufficient for approval	
by		
	evoting groups	
The amendment(s) was/were action was not required.	lopted by the board of directors without shareholder action and share	holder
The amendment(s) was were acaction was not required.	lopted by the incorporators without shareholder action and sharehold	er
DatedSignature	M. Charles Town	
select	director, president or office it directors or officers have not led, by an incorporator - if in the hands of a receiver, trustee, or other need fiduciary by that fiduciary)	
	SHELLY STRONG	
	(Typed or printed name of person signing)	
	PRESIDENT CEO	
	(Title of person signing)	