

10/13/2021

7:55

0052201440

LAZARUS CORPORATE

PAGE 01/02

**P21000024832**

Florida Department of State  
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.

(((H21000380874 3)))



H210003808743ABCO

**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 : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

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

Email Address: \_\_\_\_\_

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
SOLUTION CLINICAL RESEARCH CORP**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

OCT 13 2021

A. LUNT

Electronic Filing Menu

Corporate Filing Menu

Help

OCT 12 PM 3:24

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
OCT 12 AM 10:17

Articles of Amendment  
to  
Articles of Incorporation  
of

SOLUTION CLINICAL RESEARCH Corp

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
2021 OCT 12 AM 10:17

Florida Document Number: P21000024832

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

PLEASE REMOVE: LISANDRA GARCEL AS P

PLEASE REMOVE: ANA C BARLY AS VP

AND PLEASE ADD: EDIAN DOMINGUEZ AS PRESIDENT & REGISTERED AGENT

4005 NW 14 AVE SUITE # 23

DORAL FL 33172

These articles of amendment were adopted on 10/11/2021

The corporation has only one group of voting stock. This amendment was approved by the shareholders and the number of votes cast for amendment was sufficient for approval.



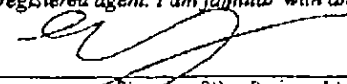
Signature

LISANDRA GARCEL (PRESIDENT)

Printed Name and Title

New Registered Agent's Signature, if changing Registered Agent

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.



Signature of New Registered Agent, if changing