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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Cambridge Laboratory Services, Inc.

DOCUMENT NUMBER: _____

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Susan Pennington

Name of Contact Person

The Law Office of Howard L. Schwartz, P.A.

Firm/ Company

7781 NW Beacon Square Blvd. Suite 102

Address

Boca Raton, FL 33487

City/ State and Zip Code

sue@howardsehwartzpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 Susan Pennington
 at (561)
 997-0000

 Name of Contact Person
 Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

🖬 - \$35 Filing Fee

S43.75 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)

<u>Mailing Address</u> Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address</u> Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Cambridge Laboritory Services, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P97000038077

(Document Number of Corporation (if known)

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

A. If amending name, enter the new name of the corporation:

Corp.," "Inc.," or Co.," or the designation " ord "chartered," "professional association," o	or the abbreviation "P.A."	
Enter new principal office address, if appli-		
rincipal office address <u>MUST BE A STREET</u>	<u></u>	SEE FLO
15 was a subscription of the second state of t		RIDE
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)	
		er the name of the
If amending the registered agent and/or reg new registered agent and/or the new registered		er the name of the
		er the name of the
new registered agent and/or the new registered		er the name of the
new registered agent and/or the new registered		er the name of the
	ered office address:	<u>er the name of the</u>

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

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 PΤ John Doe V X Remove Mike Jones <u> X</u> Add <u>SV</u> Sally Smith Address Type of Action <u>Title</u> Name (Check One) POAHoward L. Schwartz 7781 NW Beacon Sq Blys. Ste 102 1) ____ Change Boca Raton, FL 33487 _____ Add Х __ Remove Lawrence Herman 17755 Deauville Lane P 2) Change Boca Raton, FL 1060 X. _ Add N __ Remove ø 3) ____ Change ____ Add <u>e</u>m __ Remove 4) ____ Change ____ Add _____ Remove 51 ____ Change ____Add ____ Remove 6) ____ Change _____ Add __ Remove

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E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)

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F. 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)

_ __ __ __

The date of each amendment(s) adoption: ______, 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 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 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 cast for the amendment(s) was/were sufficient for approval

by	······································	
	(voting group)	
The amendment(s) was/v action was not required.	were adopted by the board of directors without shareholder action and shareholder	MILE
The amendment(s) was/v action was not required.	were adopted by the incorporators without shareholder action and shareholder $\mathbb{R}^{\mathbb{R}}_{\mathbb{P}^2}$	
Jan Dated	mary 17, 2019	
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)	
	Howard L. Schwartz	

(Typed or printed name of person signing)

Registered Agent

(Title of person signing)