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PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nar	me)
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(D <sub>1</sub>	ocument Number)	
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Certified Calibratic	ons, Inc.		
DOCUMENT NUMB				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	Jennifer Reed			
•		Name of Contact Person	1	
	Certified Calibrations, Inc.			
•		Firm/ Company		
	565-B Frederica Ln.			
•		Address		
	Dunedin, FL 34698			
•		City/ State and Zip Code	3	
iennvi	eed@certifiedcal.com			
<del></del>	-	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
Jennifer Reed		at ( <sup>727</sup>	733-0093	
Name o	f Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ame Divi P.O.	ling Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301	

## Articles of Amendment to Articles of Incorporation of

Certified Calibrations, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) V55052 (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: n/a name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: n/a (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: 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

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)

Remove

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.

Example: 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>	Name	<u>Addres</u> s
1) Change	<u>v</u>	Devan T. Reed	1340 Hales Hollow Drive
X Add			Dunedin, FL 34698
Remove			
2) Change			
Add			
Remove			
3) Change		-	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add	<del></del>		
Remove			
6) Change			
Add			

(Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
L	
	<u> </u>
,	
<u> </u>	
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	Hament II not contained in the antenantym tooth

The date of each amendment(s) adoption:	, if other than the
•	
Effective date <u>if applicable</u> :  (no more than 90 days after amendment file	date)
Note: If the date inserted in this block does not meet the applicable statutory filing require document's effective date on the Department of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the by the shareholders was/were sufficient for approval.	e amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The fol 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)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action action was not required.	and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and action was not required.	shareholder
DatedO9.23.16	
DatedO9·23·16 Signature	
(By a director, president or other officer – if directors or officers selected, by an incorporator – if in the hands of a receiver, trusted appointed fiduciary by that fiduciary)	
Whethau L News	
(Typed or printed name of person signing)	
Pres.	
(Title of person signing)	