AMENDED
CERTIFICATE OF INCORPORATION
(PROFESSIONAL CORPORATION)

Filing Fee: Minimum $50.00

TO: OKLAHOMA SECRETARY OF STATE
421 NW 13th St, Suite #210
Oklahoma City, OK 73103
(405) 522-2520

PLEASE NOTE:

- The **filing fee** is a **MINIMUM** of **$50.00**. If the total authorized capital (the number of shares multiplied by the par value) **is increased** in excess of fifty thousand dollars ($50,000.00), the filing fee shall be an amount equal to one-tenth of one percent (1/10th of 1%) or $1.00 per $1,000.00 of such increase.

- **ATTACHED HERETO** is a certificate or **ORIGINAL** letter of good standing issued by the regulating board of the profession or related professions involved, that each of the **NEWLY** appointed officers, directors and shareholders are duly licensed to practice such profession.

I hereby execute the following articles for the purpose of amending an Oklahoma corporation's professional certificate of incorporation pursuant to the provisions of Title 18, Sections 801 and 1077:

- The corporation is a Benefit Corporation (Title 18, Section 1202): **(check one)** **Yes** ☐ **No** ☐

1. A) Name of the corporation:

B) **AS AMENDED:** Name of the corporation:

(**Note:** The new name of the corporation **shall** contain one of the words **association**, **company**, **corporation**, **club**, **foundation**, **fund**, **incorporated**, **institute**, **society**, **union**, **syndicate**, **limited** or any abbreviations thereof, with or without punctuation; provided that such words or abbreviations **shall** be modified by the word **"professional"** or some abbreviation of the combination, including, without limitation: **P.C.** or **PC**.)

2. **AS AMENDED: NAME** and street address of the registered agent for service of process in the state of Oklahoma:
   - The registered agent **shall** be the corporation itself, an individual resident of Oklahoma, **or** a domestic or qualified foreign corporation, limited liability company, or limited partnership.

Oklahoma

Name	Street Address (P.O. BOXES ARE NOT ACCEPTABLE)	City	State	Zip Code	County

3. Street address of its principal office, wherever located:

Street Address (P.O. BOXES ARE NOT ACCEPTABLE)	City	State	Zip Code

4. **E-MAIL** address of the primary contact for the registered business:

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5. Duration of the corporation is **perpetual**, unless otherwise stated: _____

6. **AS AMENDED:** Profession or related professions to be practiced by the professional entity:

7. Total number of shares which the corporation shall have the authority to issue, designation of each class and each series, if any, and par value of the shares of each class and/or series:

   ❖ The par value per share is a dollar ($) amount and is also used for the calculation of the total filing fee.

CLASS	NUMBER OF SHARES	SERIES (If any)	PAR VALUE PER SHARE (Or, if without par value, so state)
COMMON	_____	_____	_____
PREFERRED	_____	_____	_____

8. Set forth clearly any and all amendments to the professional certificate of incorporation:

That at a meeting of the Board of Directors, a resolution was duly adopted setting forth the foregoing proposed amendment(s) to the certificate of incorporation, declaring said amendment(s) to be advisable and calling a meeting of the shareholders of said corporation for consideration thereof.

That thereafter, pursuant to said resolution of its Board of Directors, a meeting of the shareholders of said corporation was duly called and held, at which the necessary number of shares as required by Oklahoma statute voted in favor of the amendment(s).

The amended certificate of incorporation must be signed by an authorized officer of the corporation.

Signed this _____ day of _____, _____ by:

_____
Signature

_____
Printed Name and Title

Oklahoma Secretary of State
Request to receive documents electronically

No need to wait on your filed documents to be mailed back to you. If you would like your filed documents returned electronically, please complete and attach this form to your documents. Complete ALL information below to receive an email which will contain a link to retrieve your filed documents. (Please print or type clearly.)

☐ **Return filed documents electronically**

Receipt will read as follows:

PERSONAL or BUSINESS NAME: _____

MAILING ADDRESS: _____

CITY, STATE & ZIP CODE: _____

PHONE OR CELL: _____

EMAIL ADDRESS: _____

(It is critical that the email address is correct, or you may not receive the notification of filing)