## M83184

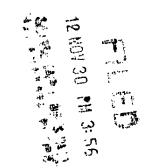
(Req	uestor's Name)	
(Add	ress)	
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PICK-UP	☐ WAIT	MAIL
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Avend.
12-4-12

## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: ALLY PHARMA US, INC. DOCUMENT NUMBER: M83184 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: FRANCES MCCRIMMON Name of Contact Person ALLY PHARMA US, INC. Firm/ Company 10107 CLEGHORN DR. Address SAN ANTONIO, FLORIDA 33576 City/ State and Zip Code JOBOZZ@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: FRANCES MCCRIMMON Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

> Mailing Address Amendment Section

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

**Street Address** 

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## **Articles of Amendment** Articles of Incorporation

	f Amendment to Incorporation of	
ALLY PHARMA US, INC.		
(Name of Corporation as currently filed with th	e Florida Dept. of State)	ن ب
M83184		
(Document Number of Corporatio	n (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	his Florida Profit Corporation a	dopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	į	
name must be distinguishable and contain the word "corpora" (Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," o word "chartered," "professional association," or the abbreviation.  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	r "Co". A professional corpor	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )	N/A	
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office address Name of New Registered Agent	ddress in Florida, enter the na ress:	me of the
(Florida	ı street address)	-
New Registered Office Address: N/A	, Florida	
	Tity)	(Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am famili		ns 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)

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	PT	John Do	<u>e</u>		
X Remove	$\underline{\mathbf{v}}$	Mike Jo	<u>nes</u>		
X Add	<u>sv</u>	Sally Sn	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		Name		<u>Addres</u> s
1) Change	<del> </del>	<del></del>	N/A		
Add					
Remove					
2) Change		<del></del>			
Add					
Remove					
3) Change					<del> </del>
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4) Change	· · · · · · ·				
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
				<del></del>	
Add					
Remove					

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)  1. ACTION BY WRITTEN CONSENT OF THE MAJORITY STOCKHOLDERS OF ALLY PHARMA US, INC.
THERE SHALL BE A 100-FOR-1 REVERSE SPLIT OF THE ISSUED AND OUTSTANDING
SHARES OF COMMON STOCK, SUCH THAT EACH ONE HUNDRED (100) SHARES
OF COMMON STOCK, \$0.0001 PAR VALUE. ISSUED AND OUTSTANDING IMMEDIATELY
PRIOR TO THE EFFECTIVE DATE (THE "OLD COMMON STOCK") SHALL BE COMBINED,
RECLASSIFIED AND CHANGED INTO ONE (1) SHARE OF THE CORPORATION'S
COMMON STOCK, \$0.01 PAR VALUE (THE "NEW COMMON STOCK"), WITH
ANY FRACTIONAL COMMON STOCK INTEREST LESS THEN 100 COMMON
COMMON SHARES BE ROUNDED UP TO A MINIMUM OF 100 COMMON SHARES.
2 ACTION BY WRITTEN CONSENT OF THE MAJORITY STOCKHOLDERS OF ALLY PHARMA US, INC.
CHANGE PAR VALUE OF COMMON STOCK TO \$0.01 PAR VALUE, FROM \$0.0001.
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: 10/3/2012		
Effective date if applicable: 10	)/31/2012	
<u></u>	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adby the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach 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 ad action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
<sub>Dated</sub> 11/28	/2012	
	12012 nameer M'Cummon	
selecto	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court ated fiduciary by that fiduciary)	
	FRANCES MCCRIMMON	
	(Typed or printed name of person signing)	
	DIRECTOR	
	(Title of nercon signing)	