

P11000081983

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

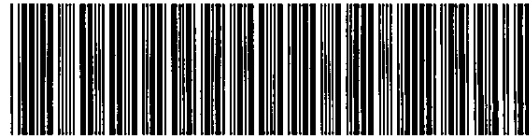
(Business Entity Name)

(Document Number)

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APPROVED
AND
FILED

14 MAR 28 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
MAR 31 2014
EXAMINER

*00789, 00505, 00671

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: INTERNATIONAL MEDICAL INSTITUTE OF BRAIN CORP.

DOCUMENT NUMBER: P11000081983

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

Please return all correspondence concerning this matter to the following:

ELENA VOLODINA
Name of Contact Person

Firm/ Company

6039 COLLINS AVE. #1202
Address

MIAMI BEACH, FL 33140
City/ State and Zip Code

ELENANRPS@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ELENA VOLODINA at (786) 375-7719
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:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 28, 2014

Elena Volodina
6039 Collins Ave #1202
Miami Beach, FL 33140

SUBJECT: INTERNATIONAL MEDICAL INSTITUTE OF BRAIN RESEARCH
CORP.
Ref. Number: P11000081983

We have received your document for INTERNATIONAL MEDICAL INSTITUTE OF BRAIN RESEARCH CORP. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
Regulatory Specialist II

Letter Number: 314A00006745

AND FILED

14 MAR 28 AM 9:36

Articles of Amendment to Articles of Incorporation of

SECRETARY OF STATE TALLAHASSEE, FLORIDA

INTERNATIONAL MEDICAL INSTITE OF BRAIN RESEARCH CORP. (Name of Corporation as currently filed with the Florida Dept. of State)

P11000081983

(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:

DR. NICK'S LAB CORP.

The new 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 MUST BE A STREET ADDRESS)

6039 COLLINS AVE. SUITE #1202 MIAMI BEACH, FL 33140

C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

SAME AS ABOVE

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 ELENA VOLODINA

6039 COLLINS AVE. #1202 MIAMI BEACH 33140 (Florida street address)

New Registered Office Address: N/A, Florida (City) (Zip Code)

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)

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change	<u>P/D</u>	<u>ELENA VOLODINA</u>	<u>6039 COLLINS AVE</u>
<input type="checkbox"/> Add			<u>#1202</u>
<input type="checkbox"/> Remove			<u>MIAMI BEACH, FL 33140</u>
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____

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The date of each amendment(s) adoption: 01/31/2014
date this document was signed. SECRETARY OF STATE
TACE A. HARRISON, CLU if other than the

Effective date if applicable: 03/17/2014
(no more than 90 days after amendment file date)

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/were adopted by the board of directors without shareholder action and shareholder action was not required.

The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 03/17/14

Signature Elena Volodina

(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)

ELENA VOLODINA
(Typed or printed name of person signing)

DIRECTOR/PRESIDENT
(Title of person signing)