

P11000081983

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

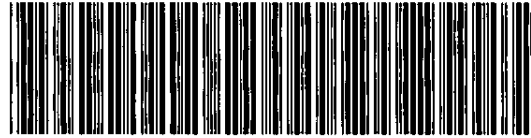
(Business Entity Name)

(Document Number)

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14 AUG 12 PM 3:11
TAYLOR
SECRETARY OF STATE
DIVISION OF CORPORATIONS

C. LEWIS
AUG 20 2014
EXAMINER

COVER LETTER

**TO: Amendment Section
Division of Corporations**

NAME OF CORPORATION: DR. NICK'S LAB 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

DR. NICK'S LAB
Firm/ Company

6039 COLLINS AVE #1202
Address

MIAMI BEACH, FL 33140
City/ State and Zip Code

DRNICKKEALOHA@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) 427-3612
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
- ~~\$~~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)

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
to
Articles of Incorporation
of

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DR. NICK'S LAB CORP.

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

14 AUG 12 PM 3:11

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:

_____ *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**)*

C. Enter new mailing address, if applicable:
*(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: _____, 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:

Change PT John Doe

Remove V Mike Jones

Add SV Sally Smith

Type of Action
(Check One)

Title

Name

Address

- | | | | |
|-----------------------------------------------|------------|-------------------------------|------------------------------|
| 1) <input checked="" type="checkbox"/> Change | <u>P/D</u> | <u>JESINIO S. BUNYI, M.D.</u> | <u>3236 NW 123RD AVE</u> |
| <input type="checkbox"/> Add | | | <u>SUNRISE, FL 33323</u> |
| <input type="checkbox"/> Remove | | | _____ |
| 2) <input checked="" type="checkbox"/> Change | <u>V</u> | <u>ELENA VOLODINA</u> | <u>6039 COWNS AVE #1202</u> |
| <input type="checkbox"/> Add | | | <u>MIAMI BEACH, FL 33140</u> |
| <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 | | | _____ |

The date of each amendment(s) adoption: _____ if other than the date this document was signed.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

Effective date if applicable: IMMEDIATELY
(no more than 90 days after amendment file date) 14 AUG 12 PM 3:11

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 8-5-14

Signature Jesinio S. Bunyi, MD
(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)

JESINIO S. BUNYI, M.D.
(Typed or printed name of person signing)

PRESIDENT/DIRECTOR
(Title of person signing)