

P12000077323

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

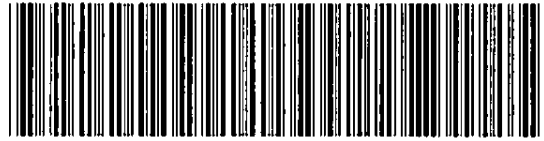
(Business Entity Name)

(Document Number)

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DATE RECEIVED: 09/21/11 10:42 AM

2011 SEP 20 11:10:42

11-11-11

AB



April 26<sup>th</sup>, 2024

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, Florida 32303

Dear Sir or Madam:

We are requesting a slight amendment to the name of our corporation.  
The name currently reads:

**Intercontinental Pharma Inc**

We would like to amend this listing to:

**Intercontinental Pharma Inc.**

The inclusion of the period is very important.

My contact information:

Bruce Kadoura  
Kadoura & Co. LLC  
13575 58<sup>th</sup> Street North  
Suite 124  
Clearwater, Florida 33760  
727 643 0150

A check in the amount of \$35.00 is attached.

Thank you for your assistance in this matter.

A handwritten signature in black ink, appearing to read 'Bruce Kadoura', is written over the typed name.

Bruce Kadoura  
Vice President



**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Intercontinental Pharma Inc

DOCUMENT NUMBER: P12000077323

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

Please return all correspondence concerning this matter to the following:

Bruce Kadoura  
Name of Contact Person  
Kadoura & Co, LLC  
Firm/ Company  
13575 58th Street North, Suite 124  
Address  
Clearwater, Florida 33760  
City/ State and Zip Code  
Brucekad@gamil.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bruce Kadoura at ( 727 ) 643-0150  
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 checked="" 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 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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Amendment  
to  
Articles of Incorporation  
of

Intercontinental Pharma Inc

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

P12000077323

(Document Number of Corporation (if known))

2021.02.09 11:10:42

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

Intercontinental Pharma Inc.

*name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain "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 Co)

**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*

**Check if applicable**

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

**If amending the Officers and/or Directors, enter the title and name of each officer/director being removed 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; Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of 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 a change. Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, 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

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
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"/> Rem.			_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____



April 23, 2024

The date of each amendment(s) adoption: \_\_\_\_\_  
date this document was signed.

April 23, 2024

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- 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)

April 23, 2024  
Dated \_\_\_\_\_

Signature Bruce Kadoura  
(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)

Bruce Kadoura  
\_\_\_\_\_  
(Typed or printed name of person signing)

Vice President  
\_\_\_\_\_  
(Title of person signing)