P13000019067

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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Pharma Sports USA Inc. DOCUMENT NUMBER: P13000019067 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Rossen Krigsman Name of Contact Person Pharma Sports USA Inc. Firm/ Company 18225 Cypress Haven Dr Address Tampa, FL 33647 City/ State and Zip Code rosseneb@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (813 997-4641

Area Code & Daytime Telephone Number Rossen Krigsman 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 Taliahassee, 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

Pharma Sports USA Inc.				
(Name of Corporation as currently f	iled with the Flor	da Dept. of State	<u>e</u>)	
P13000019067				
(Document Number o	f Corporation (if kr	own)		
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	la Statutes, this <i>Flo</i>	rida Profit Corpo	oration adopts the follow	ing amendment(s) to
A. If amending name, enter the new name of the c	orporation:			
PROCCOR Pharmaceutica				The new
name must be distinguishable and contain the wo. "Corp.," "Inc.," or 60.," or the designation "Corp. word "chartered," "professional association," or the	o," "Inc," or "Co	". A professiona	"incorporated" or the I corporation name mus	abbreviation st contain the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD	<u>e:</u> DRESS)			
	-	***************************************		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>0x</u>) .			_
	-			2014
	-		<u>≨</u>	
 If amending the registered agent and/or registered agent and/or the new registered 	red office address office address:	<u>in Florida, ente</u>	r the name of the	1 (7723)
				J III
			i Al CRIG	
	(Florida street	address)	A	08
New Registered Office Address:			, Florida	
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing Registered agent the appointment as registered agent.	l am familiar with	·	bligations of the position	<i>7.</i>
Signature of N	lew Registered Age.	nt, 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.

X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	ones	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) L Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
ixeniove				
6) Change				
Add				
Remove				

E. <u>If amending or adding additional Articles, enter change(s) here:</u> (Attach additional sheets, if necessary). (Be specific)				
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: June 6, 2014	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> : June 6, 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_June 6, 2014	
Signature	
(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)	
Rossen Krigsman	
(Typed or printed name of person signing)	
President	
(Title of person signing)	