P140000 78194

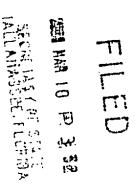
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



500341705435

03/10/20--01027--020 ++35.00



MAR S O TILL

COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: Itineris Therapeutics, Inc
DOCUMENT NUMBER: <u>F140000 + 8194</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person ITINERIS 360
2839 Angler Drive
Delray Beach FL 33495 City/State and Zip Code Karlfroeller@gmail.com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Collect Coll
at ()
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:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

Articles of Incorporation

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

P140000 7-8194 (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: ITINERIS 360, INC.	
name must be distinguishable and contain the word "corporation," "co". Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	Thenew ompany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
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: Name of New Registered Agent 2830	Bennett naler Drive
New Registered Office Address: De ay	Per addless) Beach Florida 33445 City (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w Poril Be	

Check if applicable

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

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	<u>PT</u> <u>Jol</u>	nn Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
<u>X</u> Add		lly Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address [A IS LETA
1) Change	DIK	Katherine Gonzal	entrada Los Diaz et Numero 32 Moca espa
Add		Herrera	
Remove	S	DONALD HENN	2839 A. Jac No
2) Change Add		PONTED TIENT	2839 Angler Dr Delray Beach FL
Remove 3) Change		Stefing Voeller	Delray Beach FL 16715 NW 46th Ave Fidgefield
\times Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

3

Attach additional sheets, if necessary).	(Be specific)			
 				
	-			· · ·
· · · · · · · · · · · · · · · · · · ·				
	.			.
				
				
		· · · · · · · · · · · · · · · · · · ·		··-
f an amendment provides for an exch	ongo modlossificati	on or concellation	s of incread shows	
provisions for implementing the ame	ndment if not conta	nined in the amen	dment itself:	i.
(if not applicable, indicate N/A)				
 .				
				

. .

The date of each amendment(s) adoption: date this document was signed.	, if other than the
-	5/4/2020
Effective date if applicable:	(no more than 90 days after amendment file date)
Note: If the date inserted in this block does n document's effective date on the Department of	ot meet the applicable statutory filing requirements, this date will not be listed as the State's records.
Adoption of Amendment(s) (CH	(ECK ONE) N/A
The amendment(s) was/were adopted by the action was not required.	incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. The number of votes cast for the amendment(s) approval.
	e shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes cast for the ame	ndment(s) was/were sufficient for approval
by	~/A
(vol	ing group)
Dated3/4	2020
Signature (By a director, pres	ident or other officer – if directors or officers have not been
selected, by an inco	orporator – if in the hands of a receiver, trustee, or other court
appointed fiduciary	
	Karl Frederick Voeller
	Typed or printed name of person signing)
	President
	Title of person signing)