# P93000037248

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PICK-UP	WAIT	MAIL
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Special Instructions to	Filing Officer:	
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FILED
2010 FEB -3 AM 9: 02
SECRETARY OF STATE

Amend

#### **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION	:Hard `	To Treat Diseases Incor	porated
DOCUMENT NUMBER:		P93000037248	
The enclosed Articles of Amen	dment and fee are s	ubmitted for filing.	
Please return all correspondence	e concerning this m	atter to the following:	
		for Incorp Services, Inc.	
	Name	of Contact Person	
		Services, Inc.	
	F	irm/ Company	
	375 N. Step	hanie St., Suite 1411	
		Address	
		on, NV 89014-8909 State and Zip Code	
	·	e@incorp.com	
E-mail	address: (to be used for	future annual report notification)	<del></del>
For further information concern	ning this matter, plea	ase call:	
Lisa Granskie/Incorp S		at (702)866-2 Area Code & Daytime Tele	500 x 6508
Enclosed is a check for the foll	owing amount made	e payable to the Florida Depart	ment of State:
	Filing Fee & cate 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 Corporation P.O. Box 6327 Tallahassee, FL 32314	ıs	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	e

Tallahassee, FL 32301

#### **Articles of Amendment** to

#### **Articles of Incorporation**

### ZOIDFEB-3 AM 9: 02 TALLAHASSEE. FLORIDA Hard To Treat Diseases Incorporated (Name of Corporation as currently filed with the Florida Dept. of State) P93000037248 (Document Number of Corporation (if known)

amendment(s) to its Articles of Incorporation:		
A. If amending name, enter the new name of	f the corporation:	
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro	designation "Corp," "Inc,	" or "Co". A professional corporation
B. Enter new principal office address, if app (Principal office address MUST BE A STREE		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE		
D. If amending the registered agent and/or r new registered agent and/or the new regis		Florida, enter the name of the
Name of New Registered Agent:		·
New Registered Office Address:	(Florida street aa	ldress)
		, Florida (Zip Code)
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered as		d accept the obligations of the position.
<u></u>	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: (Atlach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			☐ Add☐ Remove
	ding or adding additional Articles, endditional sheets, if necessary). (Be s		
provisi (if i	mendment provides for an exchange ions for implementing the amendment applicable, indicate N/A)	nt if not contained in the ar	
increasin	g shares to 8,888,000,000 with \$	60.002 par value	
-	22 22		

The date of each amendment(s) adoption:	
	(date of adoption is required)
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/were by the shareholders was/were	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
	e approved by the shareholders through voting groups. The following statemen for each voting group entitled to vote separately on the amendment(s):
"The number of votes of	ast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder
Dated	an 27, 2010
Signature	A fre beihauer
selec	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)
	CA. RIBICH AUD
	(Typed or printed name of person signing)
	SECRETHICY
	(Title of person signing)