M83184

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Statu	s
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PARTMENT OF STATE 12 OCT -3 AH 10: 31

Name Cho cus

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: GOLD RC	YALTY CORP	ORATION
DOCUMENT NUM	_{BER:} M83184		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	FRANCES MCC	CRIMMON	
		Name of Contact Person	1
	ALLY PHARMA		
		Firm/ Company	
	10107 CLEGHO		
		Address	
	SAN ANTONIO		
		City/ State and Zip Code	
JC	BOZZ@YAHOC	O.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
		at (_)
Name	of Contact Person	Area Co	_) de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	rtment 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)
	illing Address endment Section		Address ment Section
	Division of Corporations Division of Corporations		
P.O	P.O. Box 6327 Clifton Building		Building
Tal	Tallahassee, FL 32314 2661 Executive Center Circle		
		Tallaha	ssee, FL 32301



Articles of Amendment to Articles of Incorporation of

GOLD ROYALTY CORPORATION	
(Name of Corporation as currently filed with the l	Florida Dept. of State)
M83184	
(Document Number of Corporation (îf known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
ALLY PHARMA US, INC.	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
C. Enter new malling address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A PS TI
	35 3
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	
Name of New Registered Agent N/A	——————————————————————————————————————
•	treet address)
New Registered Office Address: N/A (City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agen 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: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		N/A	
Add			
Remove			
2) Change	· · · · · · · · · · · · · · · · · · ·	N/A	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			#1 March 1 Mar
5) Change			
Add			
Remove			
6) Change			
Add			
Pamova			

. If amending or adding additional A (Attach additional sheets, if necessary)	rticles, enter change(s) here:
	ј. (ве ѕресую)
N/A	
	, , , , , , , , , , , , , , , , , , , ,
	
. If an amendment provides for an ex	change, reclassification, or cancellation of issued shares,
provisions for implementing the an	mendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	
······································	
	
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The date of each amendment(s) adoption: 10/3/2012
Effective date if applicable:	10/31/2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/wer	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
	approved by the shareholders through voting groups. The following statement of 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)
	(voting group)
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated 10/3	3/2012
Signature	Frances M' Cummon
sel	or a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	FRANCES MCCRIMMON
	(Typed or printed name of person signing)
	DIRECTOR
	(Title of person signing)