| (Re | questors Name) | |
|-------------------------|-------------------|-------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Ćit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| , | | |
| | | Ì |
| | | |
| | | |

Office Use Only



100244975461

13 FEB 27 PN 1:: 18





| ACCOUNT NO. : 12000000195 | | | | |
|---|--|--|--|--|
| REFERENCE : 549935 7262148 | | | | |
| AUTHORIZATION: Spulseleman | | | | |
| COST LIMIT : \$ 35.00 | | | | |
| ORDER DATE : February 27, 2013 | | | | |
| ORDER TIME : 1:04 PM | | | | |
| ORDER NO. : 549935-005 | | | | |
| CUSTOMER NO: 7262148 | | | | |
| | | | | |
| FOREIGN FILINGS | | | | |
| NAME: SMART BIOTECHNOLOGIES, INC. | | | | |
| XX CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY | | | | |
| XXXX AMENDMENT | | | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | | | | |
| CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING | | | | |
| CONTACT PERSON: Carina L. Dunlap EXT# | | | | |
| FYAMINED. | | | | |

PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

| | CTION I BE COMPLETED) | 7-1 7-1 |
|---|--|---|
| F1300000652 | | |
| (Document number | of corporation (if known) | |
| 0 15: 1 1 1 | | 27 354 |
| 1. Smart Biotechnologies, Inc. | | ्रांद्र क |
| (Name of corporation as it appears | on the records of the Department of State) | |
| 2. Delaware | ₃ February 11, 2013 | |
| (Incorporated under laws of) | 3. February 11, 2013 (Date authorized to do busines | ss in Florido) |
| | TION II THE APPLICABLE CHANGES) n, when was the change effected under | the laws of |
| its jurisdiction of incorporation? February 25, 2013 | 3 - | |
| 5Xhale Smart, Inc. | | |
| (Name of corporation after the amendment, adding su appropriate abbreviation, if not contained in new name (If new name is unavailable in Florida, enter alternate business in Florida) | me of the corporation) | • |
| 6. If the amendment changes the period of duration, indi | cate new period of duration. | |
| (New | duration) | |
| 7. If the amendment changes the jurisdiction of incorpor | ration, indicate new jurisdiction. | |
| (New) | urisdiction) | |
| Attached is a certificate or document of similar impor 90 days prior to delivery of the application to the Dep- having custody of corporate records in the jurisdiction | t, evidencing the amendment, authentic artment of State, by the Secretary of St a under the laws of which it is incorpor | cated not more than ate or other official ated. |
| ful iak | | |
| (Signature of a director, president or other officer - if in to fareceiver or other court appointed fiduciary, by that if | he hands iduciary) | |
| Paul A. Hassie | Secretary/Treasurer | |
| (Typed or printed name of person signing) | /Title of person signing) | |

Delaware

PAGE

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "SMART

BIOTECHNOLOGIES, INC.", FILED A CERTIFICATE OF AMENDMENT,

CHANGING ITS NAME TO "XHALE SMART, INC.", THE TWENTY-FIFTH DAY

OF FEBRUARY, A.D. 2013, AT 1:16 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE

EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE

RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT

BUSINESS.

5202776 8320

130242470

AUTHENTACATION: 0245811

DATE: 02-27-13

You may verify this certificate online at corp.delaware.gov/authver.shtml