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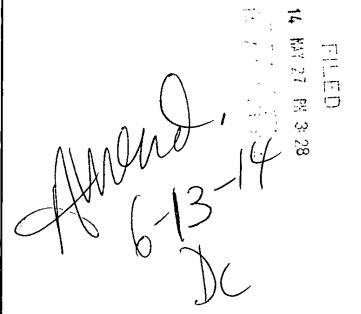
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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: Advance Clinical Trial DOCUMENT NUMBER: P14000008808 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Maite Perez Name of Contact Person Advance Clinical Trial Firm/ Company 15418 SW 31ST LN Address Miami, Fl. 33185 City/ State and Zip Code maitepere@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (786) 718-4575

Area Code & Daytime Telephone Number Karla Rodriguez 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 & □\$52.50 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Advance Clinical Trial, Inc.						
(Name of Corporation as currently file	<u>d with the Flori</u>	da Dept. of Sta	te)		-	
P1400008808						
(Document Number of C	orporation (if kn	own)			•	
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	Statutes, this <i>Flor</i>	ida Profit Corp	oration adopt	s the following	g amen	dment(s) to
A. If amending name, enter the new name of the corp	oration:					
					The	new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered." "professional association." or the ab	"Inc," or "Co"	. A profession	"incorporate al corporation	ed" or the al i name must c	- bbrevia	tion
B. Enter new principal office address, if applicable:					-	
(Principal office address <u>MUST BE A STREET ADDR</u>	<u>ESS</u>)					
					•	
	-				•	
C. Enter new mailing address, if applicable:						
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	_			<u> </u>	•	
	_					
	_					
D. If amonding the perintened agent and/on a sistered	l office adduces	in Flouido, onto	41	C 41- 6	7	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		<u>in Fiorida, enic</u>	er the name o	i the	- THE	
Name of New Registered Agent						<u> </u>
Name of New Registered Agent				·	27	i
	(Florida street a	ddrove			77	Ö
		•			بب	
New Registered Office Address:	(City)		, Florida	(Zip Code)	 22	
	(//			, ,	C	
New Registered Agent's Signature, if changing Regist	ered Agent:					
hereby accept the appointment as registered agent. I a	m familiar with i	and accept the c	obligations of	the position.		
						
Signature of New	Registered Agen	t, if changing				

If amending the Officer's 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 Jor	<u>nes</u>	
X Add	<u>sv</u>	Sally Sm	<u>ith</u>	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change	T		Deibys Perez	15418 SW 31ST LN
Add				Miami Fl. 33185
Remove				
·—————————————————————————————————————				
2) Change				
Add				
Remove				
3) Change		<u> </u>		
Add				
Remove				
4) Change		 .		
Add				
Remove				
- 1				
5) Change		 .		
Add				
Remove				
6) Change				
Add				
Remove				

Attach additional sheets, if necessary).	(Be specific)	
		
		
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		-
		
		
		
		
		-
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
		
		<u> </u>
		-
		_
		_
		- -
		

The date of each amendment(s) adoption: 05/01/2014		
date this document was signed.	, if other than the	
Effective date if applicable:		
(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_05/6/2014		
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)		
Maite Perez		
(Typed or printed name of person signing)	-	
Vice President		
(Title of person signing)		