

F19000002055

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

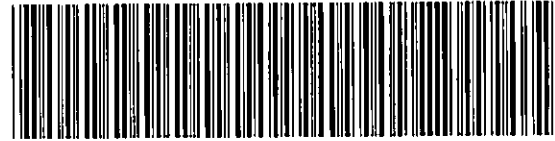
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200404498682

W23-46625

NIC Amend

FILED  
2023 APR -5 AM 8:35  
SECRETARY OF STATE  
RECEIVED  
2023 APR -5 PM 3:13  
CLERK OF SUPERIOR COURT

A. RAMSEY

APR - 7 2023

A2250, 00641, 00524, 00671

# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

Date: 04/05/2023

Acc#I20160000072

*en: SW*

Name:	PSIOXUS THERAPEUTICS INC.
Document #:	
Order #:	14870745 - 3

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

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Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 43.75

Thank you!



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 6, 2023

CT CORP

TALLAHASSEE, FL 32312

SUBJECT: PSIOXUS THERAPEUTICS INC.  
Ref. Number: F19000002055

**CORRECTED**  
Please Allow For  
Same File Date

We have received your document for PSIOXUS THERAPEUTICS INC. and the authorization to debit your account in the amount of \$43.75. However, the document has not been filed and is being returned for the following:

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please include a certified copy from Delaware showing the name change.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey  
OPS

Letter Number: 223A00007797

RECEIVED  
2023 APR -6 PM 3:17  
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: PsiOxus Therapeutics, Inc.  
Name of Corporation

DOCUMENT NUMBER: \_\_\_\_\_

The enclosed Amendment and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

J. Duncan Higgons  
Name of Contact Person

Akamis Bio Ltd  
Firm/Company

245 Main St., 2nd floor  
Address

Cambridge, MA 02142  
City/State and Zip Code

duncan.higgons@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:  
Name of Contact Person at (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$35 Filing Fee
- ☐ \$43.75 Filing Fee & Certificate of Status
- ☒ \$43.75 Filing Fee & Certified Copy
- ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR**  
**AUTHORIZATION TO TRANSCAT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

**2023 APR -5 AM 8: 35**

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

F19000002055

(Document number of corporation (if known))

1. PSIOXUS THERAPEUTICS INC.  
(Name of corporation as it appears on the records of the Department of State)
2. Delaware 3. April 3, 2023  
(Incorporated under laws of) (Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? January 4 2023
5. Akamis Bio Inc  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)
- (If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*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*

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<hr/>	<hr/>	<hr/>	Add
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Remove
<hr/>	<hr/>	<hr/>	Add
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Remove
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Add
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Remove
<hr/>	<hr/>	<hr/>	Add
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Remove
<hr/>	<hr/>	<hr/>	Add
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

DocuSigned by:

Howard E. Davis, Jr.

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Howard Davis

(Typed or printed name of person signing)

Director

(Title of person signing)

FILING FEE \$35.00

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY THAT THE SAID "PSIOXUS THERAPEUTICS  
INC.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO  
"AKAMIS BIO INC" ON THE FOURTH DAY OF JANUARY, A.D. 2023, AT  
4:11 O'CLOCK P.M.



  
Jeffrey W. Bullock, Secretary of State

6195253 8320  
SR# 20231303803

Authentication: 203082426  
Date: 04-05-23

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)