

**F21000006287**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (614)573-3996

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

2024 JUL 24 AM 9:42  
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 SECRETARY OF STATE  
 TALLAHASSEE, FL

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
ARTEMIS BIOMEDICAL, INC.**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 04      |
| Estimated Charge      | \$43.75 |

Requesting original  
filing date of  
7/24/24. Thank  
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AUG 22 2024

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

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

(Document number of corporation (if known))

(Name of corporation as it appears on the records of the Department of State)

(Incorporated under laws of)

(Date authorized to do business in Florida)

**(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? 07/15/2024

(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)

(New duration)

(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:

(Florida street address)

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

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

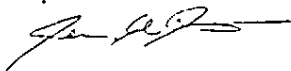
Signature of New Registered Agent, if changing

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TALLAHASSEE, FL

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.



Digitally signed by Jeremy Grata  
DN: cn=Jeremy Grata, o=Artemis Biomedical, Inc., ou,  
email=jgrata@artemisbiomedical.com, c=US  
Date: 2024.07.22 20:59:14 -04'00'

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

Jeremy Grata

(Typed or printed name of person signing)

President

(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 "ARTEMIS BIOMEDICAL,  
INC.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO  
"CORALUMA, INC." ON THE FIFTEENTH DAY OF JULY, A.D. 2024, AT  
3:24 O'CLOCK P.M.



6332290 8320  
SR# 20243222369

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

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 204000368

Date: 07-24-24