Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000257273 3)))



**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (855)330-1010

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

Email Address:

## COR AMND/RESTATE/CORRECT OR O/D RESIGN APLIFE BIOTECH CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

A. RAMSEY
AUG - 1 2022

Electronic Filing Menu Corporate Filing Menu

Help

## 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.)

2022 JUL 29 PM 1: 03

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

F22000003707

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

Signature of New Registered Agent, if changing

Wash Const

(Document num	per of corporation (if known)
, Aplife Biotech Corporation	
(Name of corporation as it appea	rs on the records of the Department of State)
<sub>2</sub> Deleware	, 04/18/2022
(Incorporated under laws of)	3. O4/18/2022 (Date authorized to do business in Florida)
	SECTION II Y THE APPLICABLE CHANGES)
4. If the amendment changes the name of the corporation, when incorporation?	
_	rporation," "company," or "incorporated," or appropriate abbreviation, i
(If new name is unavailable in Florida, enter alternate corporate)  6. If the amendment changes the period of duration, indicate	e name adopted for the purpose of transacting business in Florida) e new period of duration.
(1	New duration)
7. If the amendment changes the jurisdiction of incorporation	on, indicate new jurisdiction.
(N	ew jurisdiction)
8. If amending the registered agent and/or registered office a new registered agent and/or the new registered office add	
Name of New Registered Agent Registered Age	<del></del>
7901 4th St N S	STE 300
(Floride	street address)
New Registered Office Address: St. Petersburg	. Florida 33702
	City) (Zip Code)

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

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change: <u>Address</u> Type of Action Title/ Capacity Name

P	BELLUSCIO, PABLO MARTIN	1951 NW 7TH AVE., STE. 600	_ □Add
		MIAMI, FL 33136	_ <b>I</b> ⊠Remove
DP	Pablo Martin Belluscio	Av. Uruguay 775, piso 4, Of. B	⊠Add
		Ciudad de Buenos Aires, Argentina, C1015ABO	Remove
D	Tomas Guido Rozenblum	1951 NW 7th Ave, Suite 600	_ 🛛 Add
		Miami, FL, 33136	Remove
D	Pablo Daniel Baron	1951 NW 7th Ave, Suite 600	⊠Add
		Miami, FL, 33136	Remove
			_ □Add
			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.

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

Pablo Martin Belluscio

President

(Typed or printed name of person signing)

(Title of person signing)