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Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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From:

Account Name : STEPHEN S. MATHISON, P.A.

Account Number : I20040000071 Phone : (561)624-2001 Fax Number : (561)624-0036

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ** Email Address: Valerie@ mathisonbul.

> COR AMND/RESTATE/CORRECT OR O/D RESIGN TROPICHEM RESEARCH LABS, INC.

R. WHITE

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STEPHEN S MATHISON 2/15/2013 4:09:45 PM PAGE 1/001 PAGE 01/05

Fax Server



February 15, 2013

FLORIDA DEPARTMENT OF STATE

Division of Corporations

TROPICHEM RESEARCH LABS, INC. 15843 GUILD COURT

JUPITER, FL 33478US

SUBJECT: TROPICHEM RESEARCH LABS, INC.

REF: K86878

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The date of adoption of each amendment must be included in the document.

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) 245-6820.

Rebekah White Regulatory Specialist

FAX Aud. #: H13000036787 Letter Number: 613A00003859

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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment to Articles of Incorporation

	of	FELLEURIDA
Tropichem Research Labs, Inc	· ·	
(Name of Corporation as currently	filed with the Florida Dept. of State	
K86878		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Flor ts Articles of Incorporation:	rida Statutes, this Florida Profit Corpor	ration adopts the following amendment(s)
A. If amending name, enter the new name of the	corporation:	
		The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or the	rp," "Inc," or "Co". A professional	"incorporated" or the abbreviation corporation name must contain the
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET AL		
C. Enter new mailing address, if applicable: (Mailing address MAY RE A POST OFFICE 1	BOX)	
D. If amending the registered agent and/or registered agent and/or the new registered agent and/or the new register.	itered office address in Florida, enter ed office address:	the name of the
Name of New Registered Agent Ste	ohen S. mathison.	<u>P.A</u> .
	(Florida street address)	
New Registered Office Address: Palm	1 Beach Gerdens (City)	Florida 33418 (Zip Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent	Restricted Areas. I am familiar with ond accept the ob	ligations of the position.

Signature of New Registered Agent, if changing

If amending the Officers 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 = ChiefExecutive 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, Salty Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Salty Smith, SV as an Add.

Example: X Change	PT Jo	ohn Doe	l
X Remove	y M	like Jones	
_X Add	<u>sy</u> S	ally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Addregs
1)Change	S/T	David Blank	15843 Guild Court
Add			Jupiter, FL 33478
X Remove			
2) Change	S/T	Beth Melamed	10592 Versailles Blvd.
X Add			Wellington, FL 33414
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
δ) Change			
Add			
Remove		(((H13000036787 3)))	

ttach additional sheets.	if necessary).	cles, sutor change(s) here: (Be specific)	
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			· · · · · · · · · · · · · · · · · · ·
			<u> </u>
an amendment provi provisions for implem (if not applicable, t	enting the ame	hange, reclassification, or enncellation of issued shares, endurent if not contained in the amendment itself;	
ns#			·

(((H13000036787 3)))

The date of each amendment(s) adoption: February 11, 2013
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 2/12/13 Signature Low 57) elamed
Signature for 57) elmoned
(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)
Leslie Melamed
(Typed or printed name of person signing)
Director
(Title of person signing)