N14000005955

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



800261743698

06/27/14--01019--005 **35.00

SECRETARY OF STATE FALLAHASSEE, FLORIDA

APPROVED

JUL 15 2015
T. LEMIEUX

COVER LETTER

TO: Amendment Section Division of Corporations

SOLUTI	ONS FOR IMMUNE AND	INFLAM	MATION FOUNDATION, INC.		
DOCUMENT NUMBER:	N1400005955				
The enclosed Articles of Amendment and	fee are submitted for filing.				
Please return all correspondence concernin	g this matter to the followin	g:			
ŀ	IAZEL AREY	/			
•	(Name of Conta				
J	OEL MARCI	JS, IN	IC.		
	(Firm/ Com				
6	76 W. PROS	SPEC	T ROAD		
	(Addres	s)			
	FT. LAUDER	DALE	E, FL 33309		
·	(City/ State and	Zip Code)			
	CUSCPA@\				
E-mail address:	(to be used for future annua	l report not	ification)		
For further information concerning this ma	tter, please call:				
HAZEL	_{at} (9)	54 ,	566-8535 & Daytime Telephone Number)		
(Name of Contact Person)		(Area Code	& Daytime Telephone Number)		
Enclosed is a check for the following amou	nt made payable to the Flor	ida Departn	nent of State:		
■ \$35 Filing Fee ■\$43.75 Fil Certificate	ing Fee & \$\sum \$\frac{\$43.75\text{ Filing}}{\$\text{Certified Copy}}\$ (Additional except)	y	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Division of Clifton Bu 2661 Exec	nt Section of Corporations		

Articles of Amendment to Articles of Incorporation of

SOLUTIONS FOR IMMUNE AND INFLAMMATION FOUNDATION, INC.

(Name of Corporation as currently filed with the Florida Dept. of State) N14000005955 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. 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

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

Page 1 of 4

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 = 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 X Remove X Add	PT John D V Mike J SV Sally S	ones	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	D	KELBY KUNEY	15751 SHERIDAN STREET
$X_{_Add}$			SUITE 306
Remove			FT. LAUDERDALE, FL 33331
2) Change	D	JERRY JIANG, PhD, MD	15751 SHERIDAN STREET
\overline{X}_{Add}			SUITE 306
Remove			FT. LAUDERDALE, FL 33331
3) Change	 		
Add			
Remove			-
4) Change	•		
4) Change		Carro As	
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Art tach additional sheets, if necessary).	(Be specific,)		
			 	·
			 	
		•		
				

date this document was signed.	, ii oulet 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 members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
Dated JUNE 24, 2014	
Signature	
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
MICHAEL SHEN	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	