N16000006209

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TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

FOUNDATION	OR ANIMAL SIMULATI	ION TECH	NOLOGIES, INC.
N16000006209 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub			
Please return all correspondence concerning this mat	ter to the following:		
CINDY EISAMAN			
	(Name of Contact Perso	n)	-
FOUNDATION FOR ANIMAL SIMULATION TE	ECHNOLOGIES INC.		
	(Firm/ Company)		
12973 SW 112 STREET. # 203			
	(Address)		
MIAMI, F1. 33186			
	(City/ State and Zip Coo	le)	
BUSYMAIL1@GMAIL.COM			
E-mail address: (to be use	ed for future annual report	notificatio	n)
For further information concerning this matter, please	e call:		
CINDY EISAMAN	30 at		389-8293
(Name of Contact Perso	n) (A	rea Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made p	payable to the Florida Dep	artment of	State:
Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif (Addi	0 Filing Fee ficate of Status fied Copy fitional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Amen Divisi	t Address dment Sect on of Corp n Building	

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

(Name of Corporation as currently filed with the Florida Dept. of State)

FOUNDATION FOR ANIMAL SIMULATION TECHNOLOGIES INC. N16000006209

(Document Number of Corporation (if known)

A. If amending name, enter the new name of the	corporație	on:	
N/A			The ne
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name	"corporati	ion" or "incorporated	" or the abbreviation "Corp." or "Inc.
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		14541 SW 94 LANE	
		MIAMI, FL 33186	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		12973 SW 112 STREET	
		# 203	
		MIAMI, FL 3316	
D. If amending the registered agent and/or regis new registered agent and/or the new registered			enter the name of the
	CINDY FISAMAN		
<u>Name of New Registered Agent:</u>			
	14541 SW		rida street addressj
New Registered Office Address:		irio	rida sirvet daaress)
The state of the s	MIAMI		, Florida
Ten regimered (y)res_moreon			, () () ()

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 = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office heal. 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	<u>V</u> <u>Mik</u>	<u>n Doe</u> e Jones y <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	BRENT BRITTON	400 NORTH TAMPA STREET
Add	 .		SUITE 2840
X Remove			TAMPA, FL 33602
2) Change	DT	MICHELLE DANIELSON	18209 KEYSTONE GROVE BLVE
Add			ODESSA, FL 33556
X Remove	D PST	CINDY EISAMAN	14541 SW 94 LANE
3) X Change			MIAMI, FL 33186
Remove			
4) Change			-
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)	:
N/A	
	
	
	

INOVENIBER 15, 2017	
The date of each amendment(s) adoption:	if other than the
date this document was signed.	
N/A	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not	he listed as the
	be fished as the
document's effective date on the Department of State's records.	
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.	
NOVEMBER 28, 2017	
Dated	
Signature similar summar	
(By the 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)	
CINDY EISAMAN	
(Typed or printed name of person signing)	
(Typed of printed hance of person signing)	
DIRECTOR AND PRESIDENT	
(Title of person signing)	