# N170000001008

(Requestor's Name)	_
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	—
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	
	İ

Office Use Only



200313731842

05/24/18--01011--023 \*\*43.75

S TALLENT MAY 2 5 2018



# COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	Dade Research Associ	ates Inc.			
	7000001008				
DOCUMENT NUMBER:					_
The enclosed Articles of Amena	Iment and fee are submi	tted for filing.			
Please return all correspondence	concerning this matter	to the following:			
Jose Riesco				•	
	(	Name of Contact Person	1)		
		(Firm/ Company)			
2600 SOUTH DOUGLAS ROA	AD , SUITE 900				
		(Address)			
CORAL GABLES, FL 33134					
		City/ State and Zip Cod	e)		
jose @riescoandcompany.com					V
F-ma	il address: (to be used t	or future annual report	notification	1)	_
For further information concern	ing this matter, please ea	all:			
Jose Riesco		30 at	-	445-0777	
(Na	me of Contact Person)	(A)	ea Code)	(Daytime Telepho	one Number)
Enclosed is a check for the follo	wing amount made pay	able to the Florida Depa	artment of a	State:	
□ \$35 Filing Fee □	S43.75 Filing Fee & E Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	D Filing Fee leate of Status ed Copy lional Copy is sed)	
Mailing Add	rpcc	Street	Address		

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clitton Building 2661 Executive Center Circle Tallahassee, FL 32301

# Articles of Amendment to Articles of Incorporation of

## DADE RESEARCH ASSOCIATES INC.

(Name of Corporation as curre	mely filed with the Flow	do Nort of State	
N17000001008	ntry med with the Fior	dia Dept. of State)	
	ther of Corporation (if kr	iown)	
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:	ites, this <i>Florida Not Fo</i>	Profit Corporation adopts the	ollowing
A. If amending name, enter the new name of the corpora	tion:		
N/A			The new
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	ation" or "incorporated	" or the abbreviation "Corp" o	r "Inc."
B. Enter new principal office address, if applicable:	N/A		
(Principal office address <u>MUST BE A STREET ADDRESS</u>	<u>S</u> )		
		***	<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A		
(Statung datress SIAT BE A POST OFFICE BOX)			, <u></u>
	<del></del>		<u></u>
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office		enter the name of the	
N/A	address.		
Name of New Registered Agent			
	(Flo	orida street address)	
New Registered Office Address:		,	
		, Florida (Zip Code)	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent—I am f		the obligations of the position.	
<del></del>	Signature of New Regist	ered 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:

tAttach 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	<u>V</u> <u>Mi</u>	nn Doe ke Jones lly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	GABRIELA CASTILLO	2600 SOUTH DOUGLAS ROAD
Add			SUITE 900
X Remove			CORAL GABLES, FL 33134
2) Change	VP	LUCAS PIZZUTTI	2600 SOUTH DOUGLAS ROAD
X Add	<del></del>		SUITE 900
Remove			CORAL GABLES, FL 33134
3 ) Change			
Add			
Remove			
4) Change			
Add	<u>-</u>		
Remove			
5) Change	_		
Add	<del></del>		
Remove			
6) Change		-	
Add .			
Remove			

₹/A						
		<del>.</del>			·	-
		··—	<del>.</del>	<u> </u>		
			-			
		<u>-</u>				
			_	•		
	<del></del> -					
	•					
·	· · · · · · · · · · · · · · · · · · ·	<del></del>		<del></del>		
		•				
					-	
		· - ·				
· · · · · · · · · · · · · · · · · · ·	·				<del> </del>	
			_			

	MARCH 31, 2018	
The date of each amendment(s)	adoption:	, if other than the
late this document was signed.		
	IARCH 31, 2018	
iffective date <u>if applicable</u> :		
	ino more than 90 days after amendment file date)	
Note: If the date inserted in this locument's effective date on the	block does not meet the applicable statutory filing requirements, this date will not Department of State's records.	ot be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were was/were sufficient for appr	e adopted by the members and the number of votes east for the amendment(s) oval.	
There are no members or m adopted by the board of directions.	embers entitled to vote on the amendment(s). The amendment(s) was/were ectors.	
Dated	5/22/20/8	
Signature		
have not	nairmuntorvice chairman of the board, president or other officer-if directors been elected, by an incorporator – if in the hands of a receiver, trustee, or art appointed fiduciary by that fiduciary)	
JOSE	A. RIESCO	
	(Typed or printed name of person signing)	
TRE	ASURER	
	(Title of person signing)	