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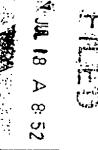
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COR AMND/RESTATE/CORRECT OR O/D RESIGN

BANDAIDS ACROSS BORDERS INC.

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T. LEMHEUX

JUL 19 2017 7/17/2017

COYERLETTER TO: Amendment Section Division of Corporations BANDAIDS ACROSS BORDERS INC. NAME OF CORPORATION: N17000002112 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Cheyenne Moseley (Name of Contact Person) Legalzoom.com, Inc. (Firm/ Company) 101 N. Brand Blvd., 11th Floor (Address) Glendale, CA 91203 (City/ State and Zip Code) kmaloney@oapb.org E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Cheyenne Moseley 773-0888 ext. 9724 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is Enclosed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, F1. 32314

Street Address

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

and a contract of the second

	Articles of Amendment	
	to	
	Articles of Incorporation of	1
BANDAIDS ACROSS BORDERS INC.		
(Name of Corporation as currently filed	with the Florida Dept. of Stat	<u></u>
N17000002112		
(Document	Number of Corporation (if know	m)
Pursuant to the provisions of section 617,1006, Famendment(s) to its Articles of Incorporation:	Florida Statutes, this <i>Florida No</i>	t For Profit Corporation adopts the follow
A. If amending name, enter the new name of	the corporation:	
Bandages Across Borders, Inc.		The i
name must be distinguishable and contain the w "Company" or "Co." may not be used in the na B. Enter new orincipal office address, if apple (Principal office address MUST BE A STREET	ame.	
C. Enter new mailion address, if applicable: (Mailing address MAY BE A POST OFFIC	E BOX)	
	<u> </u>	
		
D. If amending the registered agent and/or renew registered agent and/or the new registered.	reistered office address in Flor tered office address:	ida, enter the name of the
Name of New Registered Agent:		
——	(Florida street address	π)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changin I hereby accept the appointment as registered ag	g Registered Agent: gent. I am familiar with and acc	cept the obligations of the position.
Sign	vature of New Registered Agent.	if changing
	Page 1 of 4	
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is amenoing the Officer and/or Directors, eater the time and name or each others/director being removed and time, hame, 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 I V Mike SV Sally	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add Remove			
2) Change			
Remove 3) Change Add			
Remove 4) Change Add			
Remove 5)ChangeAdd			
Remove 6) Change Add			
Remove		Page 2 of 4	

7/17/2017 2:38:39 PM PDT

To: Page 6 of 7

13239628300 From: Amanda Sando

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the date of each amendment(s) added this document was signed.	, it other 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 a was/were sufficient for approv		
There are no members or mem adopted by the board of direct	abers entitled to vote on the amendment(s). The amendment(s) was/were tors.	
Dated 7/	10 2017 M	
(By the chain have not be	rman of vice chairman of the board, president or other officer-if directors cen selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
Kathryn Rose i	Maloney	
 	(Typed or printed name of person signing)	
President		
	(Title of person signing)	

and the second s