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(Re	equestor's Name)	
(Ad	Idress)	
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(Cit	ry/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
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SECRETARY OF STATE OF

DEPARTNERS OF STATE

13 FEB 19 PM 1:51.

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ACCOUNT NO. : 12000000195

REFERENCE :

537626

7196608

AUTHORIZATION

COST LIMIT

ORDER DATE: February 19, 2013

ORDER TIME : 11:23 AM

ORDER NO. : 537626-005

CUSTOMER NO: 7196608

DOMESTIC AMENDMENT FILING

NAME:

SOUTHEAST TISSUE ALLIANCE,

INC.

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT

___ RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX____CERTIFIED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER'S INITIALS:

Articles of Amendment to Articles of Incorporation

	of
Southeast Tissue	Alliance, Inc.
(Name of Corporation as currently filed with the Fl	orida Dept. of State)
N9400000486	2
(Document Number of Corpor	ration (if known)
Pursuant to the provisions of section 617,1006, Florida Statut amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporat	ion;
Regenerative Biologi	tion" or "incorporated" or the abbreviation "Corp." or "inc."
name must be distinguishable and contain the word "corpora	tion" or "incorporated" or the abbreviation "Corp." or "Inc."
"Company" or "Co." may not be used in the name.	10
B. Enter new principal office address, if applicable:	NA
(Principal office address MUST BE A STREET ADDRESS	}
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N./A
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a	ce address in Florida, enter the name of the adress:
Name of New Registered Agent: WA	
New Registered Office Address:	(Florida street address)
	, Florida
(City)	(Zip Code)
ew Registered Agent's Signature, if changing Registered	Agent:
hereby accept the appointment as registered agent. I om fan	tiliar with and accept the obligations of the position
NIA	
Signature of New Registe	ered Agent, If changing
~	2 · · · · · · · · · · · · · · · · · · ·

Page 1 of 4

Executive Officer: CFO - Chief Financial Officer. If an officer/director holds more than one wife, list the first lever of each office. heid, 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 Isaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe. PT as a Change, Mike Janes. Y as Remove, and Sally Smith, SV as an Add. Example: X_Change John Dae Mike Jones X Remove <u>3</u>V X Add Sally Smith Type of Action Title Name <u>Addregs</u> (Chock One) 1) ____ Change $^{-}$ λdd Remove 2) ____ Change ____ Add _ Remove 3) ____ Change Add _Remove 4) ____ Change Remove 5) ____ Change __Add Remove 6) ____ Change _ Add

Page 2 of 4

If amending the Officers sud/or Directors, enter the title and name of each officer/director being rumoved and title, name, and

P . President; V= Vice President: T: Treasurer; S= Secretary; D= Director: TR= Truxtet: C = Chairman or Clerk: CEO ~ Chief

address of each Officer and/or Director being added:

Please note the afficeridirector title by the first letter of the office title:

(Attach additional sheets, if necessary)

Remove

emendine or adding additional Article additional Sheets. if necessary).	(Ba spacifie)		
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The date of each amendment(s) adoption: February 19, 2013
Effective date if applicable: W/A
(ng more than 90 days after omendment file date)
Arteption of Amendment(s) (CHECK ONE)
The amondment(s) was/were adopted by the members and the number of votes cast for the amondment(s) was/were sufficient thy approval.
There are no members or members entitled to you on the amendment(s). The amendment(s) was were adopted by the board of directors.
Daled / February 4,2013
Signature Grand and the share of the state o
(By the obtainment of vise chairmall of the board, president or other officer-if directors have not been selected, by an incorporator — If in the hands of a receiver, bustee, or other count appointed fiduciary by the lifeuciary)
hawrence Hopkins (Typed or printed name of person signing)
Typed or printed name of person signing) President
(Title of person signing)