N94000004862

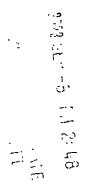
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COVER LETTER

TO: Amendment Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION:	BIOLOGICS, INC.			_
N94000004862 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are su	bmitted for filing.			
Please return all correspondence concerning this ma	tter to the following:			
Koki Kubo				
	(Name of Contact Pe	erson)		_
REGENERATIVE BIOLOGICS, INC.				
	(Firm/ Company	/)		_
6241 NW 23rd Street, Suite 500				
	(Address)			_
Gainesville, FL 32653				
	(City/ State and Zip	Code)		_
kkubo@rbidonorcare.org				_
E-mail address: (to be use	ed for future annual rep	ort notificatio	n)	ذَرَ — الأران
For further information concerning this matter, pleas	se call:			<i>€/</i> -
Sandra C McCann	at.	352	514-4805	
(Name of Contact Perso		(Area Code)	(Daytime Telephone Number)	— :. . :
Enclosed is a check for the following amount made	payable to the Florida I	Department of	State:	
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status		Certif S Certif	D Filing Fee icate of Status ied Copy tional Copy is	lii.
Mailing Address Amendment Section		eet Address endment Sect	ion.	
Division of Corporations		ision of Corpo		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

Name of Corporation as currently filed with the F	lorida Dept. of State)	
(Documen	nt Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida mendment(s) to its Articles of Incorporation:	a Statutes, this Florida Not For Profit Corporation adopts th	ne following
A. If amending name, enter the new name of the co	orporation:	
-		The new
ame must be distinguishable and contain the word "c Company" or "Co." may not be used in the name	corporation" or "incorporated" or the abbreviation "Corp."	" or "Inc."
Enter new principal office address, if applicable		
Principal office address <u>MUST BE A STREET ADD</u>	<u>ORESS</u>)	
. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
If amending the registered agent and/or register	red office address in Florida, enter the name of the	
new registered agent and/or the new registered	office address:	
Name of New Registered Agent:		
		-
New Registered Office Address:	(Florida street address)	
New Negisterest Office Address.		
_	, Florida, Florida, (City) (Zip Code)	
		نيز . ـ ـ
ew Registered Agent's Signature, if changing Reginereby accept the appointment as registered agent.	istered Agent: I am familiar with and accept the obligations of the position.	រិក
	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 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: XChange X Remove Add	PT John D V Mike John S SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>v</u>	Sandra C McCann	6241 NW 23rd Street, Suite 500 Gainesville, FL 32653
Remove			
2) Change Add	<u>TR</u>	Jon M Kurtz	6241 NW 23rd Street, Suite 500 Gainesville, FL 32653
Remove Change Add Remove		 -	
4) Change Add			و،
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee	ng additional Arti	icles, enter change(s) here: (Be specific)	

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The date of each amendment(s) at date this document was signed.	doption:		, if other than the
Effective date if applicable: 8-9-	2023		
Enecuve date n applicable.	(no more than 90 days	after amendment file date)	
Note: If the date inserted in this blo document's effective date on the De	ock does not meet the applica partment of State's records.	ble statutory filing requireme	ents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were as was/were sufficient for approve	dopted by the members and t al.	he number of votes cast for t	he amendment(s)

here are no members or members entitled to vote on the amendment(s). The amendment(s) was/were lopted by the board of directors.
9-6-2923 Dated
Signature decreed to Dill
(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)
Laurence Hookius
(Typed or printed name of person signing)
(Title of person signing)