## N96000000000001

(Re	questor's Name)	
(Ad	dress)	
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, and	,	- ',
PICK-UP	MAIT	MAIL
(Bu	siness Entity Na	me)
(De	cument Number	
(Do	cument Number	)
Certified Copies	_ Certificate	s of Status
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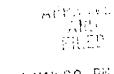


## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	RS IN BIOSCIEN	NCE, INC.
DOCUMENT NUMBER: N9600000646	1	
The enclosed Articles of Amendment and fee are sub-	bmitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
SIAMAK TABIBZADEH		
	(Name of Contact Persor	n)
	(Firm/ Company)	
20 SUNSET COVE		
	(Address)	
NEWPORT COAST, CA 92657		
	(City/ State and Zip Code	e)
FBS@BIOSCIENCE.ORG		
E-mail address: (to be use	ed for future annual report	notification)
For further information concerning this matter, pleas	se call:	
SIAMAK TABIBZADEH	949 at (	715-8286
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status	Securified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address  Amendment Section		Address Iment Section
Division of Corporations	Divisio	on of Corporations
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle		

Tallahassee, FL 32301



## Articles of Amendment to Articles of Incorporation of

14 MAY 22 : PH 1: 20

SECRETARY STATES

## FRONTIERS IN BIOSCIENCE, INC.

N9600006461	,
(Document Number of Co	orporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statute 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	i <mark>ion:</mark> The new
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	ttion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	N/A
(Principal office address <u>MUST BE A STREET ADDRESS</u>	
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 offinew registered agent and/or the new registered office a	
Name of New Registered Agent: N/A	
New Registered Office Address:	(Florida street address)
New Negistered Office Address.	Florido
(City,	, Florida
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am for	

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:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

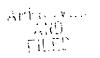
P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director 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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		N/A	 
Add			
Remove			
2) Change			 
Add			
Remove			
3) Change			 
Add			
Remove			
4) Change			 
Add			
Remove			
5) Change			 
Add			·
Remove			
6) Change		<del>-</del>	 
Add			
Remove			

The property of this corporation is irrevocably dedicated to charitable purposes and no part of the
net income or assets of this corporation shall ever inure to the benefit of any director, officer or
member thereof or to the benefit of any private person.
Upon the dissolution or winding up of the corporation, its assets remaining after payment, or
provision for payment, of all debts and liabilities of this corporation shall be distributed to a
nonprofit fund, foundation or corporation which is organized and operated exclusively for
charitable purposes and which has established its tax exempt status under Section 501(c) (3) of the
Internal Revenue Code.

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



The date of each amendment(s) adoption	n:	1 •••		_, if other than the
date this document was signed.	May 15,2014	14 MAY 22	PH 1: 20	
Effective date if applicable:	, ,		. :	
	(no more than 90 days after amend	lment file date)		_
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of	votes cast for the ar	nendment(s)	
There are no members or members en adopted by the board of directors.	ntitled to vote on the amendment(s).	The amendment(s)	was/were	
Dated MAY 15, 20	41			
Signature	ich Turguel.			
(By the chairman of have not been selections)	or vice chairman of the board, presidenced, by an incorporator — if in the nted fiduciary by that fiduciary)			_
SIAMAK TABIBZ	ADEH			
(Тур	ed or printed name of person signin	g)	_	
CHAIRMAN, PRE	SIDENT			
<del></del>	(Title of person signing)		_	