## P02000107113

Office Use Only



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SECRETARY OF STATE
ALLAHASSEF FINGE

C.COULLIETTE

FEB 1 2 2009

**EXAMINER** 

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: LARASAN PHARMACEUTICAL CORPORATION (Name of Corporation)					
DOCUMENT NUMBER: P02000107113					
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
JOHN R. GEORGE					
(Name of Contact Person)					
LARASAN PHARMACEUTICAL CORPORATION (Firm/Company)					
4121 BAYVIEW DRIVE (Address)					
FORT LAUDERDALE, FLORIDA 33308 (City/State and Zip Code)					
For further information concerning this matter, please call:					
JOHN R. GEORGE at ( 954 ) 253-4882 .  (Name of Contact Person) (Area Code & Daytime Telephone Number)					
Enclosed is a \$35.00 check made payable to the Department of State.					
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327  Street Address: Amendment Section Division of Corporations Clifton Building					

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

LARASAN Pharamaceutical Corporation					
(Name of Corporation as currently filed with the Florida Dept. of State)					
P02000107/13					
(Document Number of Corporation (if known)					
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts are following amendment(s) to its Articles of Incorporation:					
A. If amending name, enter the new name of the corporation:					
The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."					
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  FORT LAUDEN DA/E					
Florina 33308					
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  4/21 BAYUIEW DRIVE  FORT LAY DU DA/L  Florior 33308					
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:					
Name of New Registered Agent: JOHN R. GLORGE					
New Registered Office Address: 4121 BAYVIEW DKI'UC (Florida street address)					
FORT LAMON OF/C., Florida 33308 (City) (Zip Code)					
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.					
Signature of New Registered Agent, if changing					

Page 1 of 3

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>P//</u>	CAROLYN ChiN	4040 GAIT OceMBA FORT LAMBADAJE FLORIDA 33308	Add  Remove
5/	D JOHN R. George	4121 BAYVIEW Dr FORT LAMBONDAIN FLORIDA 33308	
<i>T</i> /	D Sumair Mitrou	FIDE OA 33308 4020 GAHACEM DR #1607 FT. LAUD. FIDE INA 33308	Γ <b>9</b> Add
	amending or adding additional Articles, entotach additional sheets, if necessary). (Be spe		
_	f an amendment provides for an exchange, r rovisions for implementing the amendment (if not applicable, indicate N/A)		
			<del></del>

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
DNB	Morton I Hyson DR	2020 Goldring Ave	Add Remove
YP	Bernard L. KATZ	31 ERAIGMONT DI TORUNTO ON	Add Remove
<u>P</u> _	Judith ZeldIN	5 FlDuBerry C)	Add Remove
		m3H5X8 CA	_ bar Remove
	ding or adding additional Articles, enter additional sheets, if necessary). (Be specified)		
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F. If an a	mendment provides for an exchange, rec	elassification, or cancellation of is	sued shares,
provisi	ions for implementing the amendment if not applicable, indicate N/A)		
(9)	ioi appricaole, mateure 1771)		
			<u> </u>
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The date of each amendment(s) adoption: JAN - 24, 2009
Effective date if applicable:  (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by"  (voting group)  The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder
action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated FeB. 5, 09
Signature  (By director, president or other office) – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
TOHN R. George  (Typed or printed name of person signing)
(Typed of printed name of person signing)
(Title of person signing)