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Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)617~6380

From:

Account Name : GM FINANCIAL GROUP

Account Number : 119980000102

Phone

: (954)428-8899

Fax Number

: (954)428-6699

COR AMND/RESTATE/CORRECT OR O/D RESIGN

BIOSTAR CONSULTING, INC.

Certificate of Status Certified Copy Page Courit Estimated Charge

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Corporate Filing Menu

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	Articles of Ar	nendment	·	22 0
•	to Articles of Inc	irroration		ורר. 3 6 (
•	of	v: h	,*	金魚等。
BIOSTAR C	ONSULTIN	G, INC.		
(Name of Corporation as carre	ently filed with	the Florida Dept.	of State)	
P02	000120845			
(Document Nurr	ther of Corporat	ion (if known)		RA
Pursuant to the provisions of section 607,1000 amendment(s) to its Articles of Incorporation:	6, Florida Statut	tes, this <i>Florid</i> s 7	Profit Corporation as	opts the following
A. If amending name, enter the new name of	f the corporation	<u>n:</u>		
name must be distinguishable and contain obbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro	designation "C	orp," "Inc," or "o	Co". A professional	The new ated" or the corporation
B. Enter new principal office address, if applicable:		1166 W NEW	PORT CTR DR	
(Principal office address MUST BE A STREE	TADDRESS)	SUITE 211		
		DEERFIELD	BEACH, FL 33442	<u>. </u>
D. If amending the registered agent and/or poweregistered agent and/or the new regis		address in Florid	BEACH, FL 33442	
Name of New Registered Agent:				•
	1166 WEST	NEWPORT CT	R DR 211	
New Registered Office Address:		ida street address)		
	DEERFIELD	BEACH,	, Plorida_334	42
	(City)		(Zip Code)	<u></u>
New Registered Agent's Signature, if changi I hereby accept the appointment as registered of	ng Registered A agent. I am fam	<u>Penti</u> Iliar with and acce	pt the obligations of i	le position
	Signature of New	Registered Agent,	if changing	
		-		
	Page 1	of 3		******* ******************************
	Po	at-it" Fax Note	7671 Ditter />	3/4 4 pages > 7
	To	Barbara K	THAT From C	Pellery
09000206666 3		one il	Phone #	· · · · · · · · · · · · · · · · · · ·
	Fee		Faxé	

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Attach odditi	- Action Section will state Act Act Act Act				
	removed and title, name, and address of each Officer and/or Director being added; (Attach additional sheets, if necessary)				
<u>l'itle</u>	Name	Address	Type of Action		
					
			D Remove		
	<u> </u>				
_			D Remove		
					
: IC amondi	ing or adding additional Articles	andon abouted bene			
(arroch ade	ditional sheets, if necessary). (B	e specific)			
•					
					
If an am	endment provides for an exchanges for implementing the amendm	ge, reclassification, or cancellate	tion of issued shares.		
(if no	t applicable, indicate N/A)	Right It that Contained In the Aut	ellement) part.		
	· · · · · · · · · · · · · · · · · · ·				
	·				

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The date of each amendment	t(s) adoption:	9/17/09
Effective date if applicable:	9/17/09	(date of adoption is required)
	(no more the	an 90 days after amendment file date)
Adoption of Amendment(s)	((CHECK ONE)
The amendment(s) was/we by the shareholders was/w		the shareholders. The number of votes east for the amendment(s) for approval.
		by the shareholders through voting groups. The following statementing group entitle d to vote separately on the amendment(s):
"The number of votes	cast for the a	mendment(s) was/were sufficient for approval
by		
/	(soting group	(q
The amondment(s) was/we action was not required.	re adopted by	the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by	the incorporators without shareholder action and shareholder
Dated	9/33	09
Signature		el.
		resident or other officer - if directors or officers have not been
		ncorporator - if in the hands of a receiver, trustee, or other court my by that fiduciary)
		CAROL PALMER
		(Typed or printed name of person signing)
		PRES
	(Tit	le of person signing)