## P05000155364

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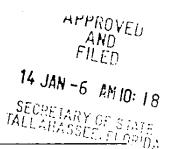
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	ATION: BIO TECH	LEVEL 3 INC	
DOCUMENT NUMBE	<sub>CR:</sub> P0500015536	4	
	Amendment and fee are su		
Please return all corresp	ondence concerning this ma	tter to the following:	
	I.A. ELDREDGE		
-	A TAX GUY COF	Name of Contact Person	n
	2333 CORRINE	Firm/ Company  AVENUE	
-	SPRING HILL, FI	Address L 34609	
		City/ State and Zip Cod	e
	E-mail address: (to be us	sed for future annual report	notification)
For further information of	concerning this matter, pleas	se call:	
J.A.ELDREDO	SE	at (352	, 340-5592
Name of	Contact Person		de & Daytime Telephone Number
Enclosed is a check for t	he following amount made j	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Divisi P.O. E	ng Address Idment Section on of Corporations Fox 6327 assee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

## Articles of Amendment to Articles of Incorporation of



## **BIO TECH LEVEL 3 INC**

(Name of Corporation as currently filed with the Florida Dept. of State)

P05000155364		,	
(Document )	Number of Corporation (if k	nown)	
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	06, Florida Statutes, this Flo	orida Profit Corporation adop	ts the following amendment(s) to
A. If amending name, enter the new nam	e of the corporation:		
			The new
name must be distinguishable and contai "Corp.," "Inc.," or Co.," or the designate word "chartered," "professional association	ion "Corp," "Inc," or "Co	". A professional corporatio	ted" or the abbreviation on name must contain the
B. Enter new principal office address, if (Principal office address <u>MUST BE A STR</u>			
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF			<del></del>
•			
D. If amending the registered agent and/new registered agent and/or the new i		s in Florida, enter the name	of the
Name of New Registered Agent			
_	(Florida street	address)	
New Registered Office Address:		, Florida	
	(City)		(Zip Code)
New Registered Agent's Signature, if cha I hereby accept the appointment as registered		h and accept the obligations o	f the position.

Signature of New Registered Agent, if changing

4			
Alf amending the Offic address of each Offic (Attach additional she Please note the officer P = President; V = Vic Executive Officer; CF held. President, Treast Changes should be no a change, Mike Jones Mike Jones, V as Remo Example:	cer and/or Director ets, if necessary) of the ets, if necessary) of the ets, if necessary) of the ets, if necessary the ets, if necessary of the e	or being added:  the first letter of the office title:  Treasurer; S= Secretary; D= Director;  cial Officer. If an officer/director holds  uld be PTD.  ig manner. Currently John Doe is listed  ation, Sally Smith is named the V and S.  ith, SV as an Add.	officer/director being removed and title, name, and  TR= Trustee; C = Chairman or Clerk; CEO = Chief is more than one title, list the first letter of each office I as the PST and Mike Jones is listed as the V. There is These should be noted as John Doe, PT as a Change,
X Change	<u>PT</u> <u>John</u>	ı Doc	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>P</u>	Robert L. Stone Jr.	20432 Trilby Cutoff Road
Add			Dade City, FL 33523
<b>✓</b> Remove			
2) Change	PTD	Karl Fritzler	20432 Trilby Cutoff Road
Add			Dade City, FL 33523
Remove 3) Change	VPSD	Patricia A. Stone	20432 Trilby Cutoff Road
Add	<del></del>		Dade City, FL 33523
Remove			
4) Change			
Add Remove			
5) Change			
Remove			
6) Change			

Add

Remove

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The date of each amendment(s) adoption: 2n	, if other than the	
date this document was signed.	14 JAN -6 AN IU: 10	
Effective date if applicable: 2nd January	2014 SECRETARY OF STATE	
	(no more than 90 days after amendment file date)	<u> </u>
Adoption of Amendment(s) (CHI	ECK ONE)	
— ( <u>em</u>	BON SIND	
The amendment(s) was/were adopted by the sby the shareholders was/were sufficient for ap	shareholders. The number of votes cast for the amendment(s) pproval.	
	shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amend	dment(s) was/were sufficient for approval	
by	"	
(votii	ing group)	
The amendment(s) was/were adopted by the b action was not required.	poard of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by the in action was not required.	incorporators without shareholder action and shareholder	
Dated 3rd January 2014		
Signature	mei Colore	_
	dent or other officer – if directors or officers have not been	
appointed fiduciary l	rporator – if in the hands of a receiver, trustee, or other court by that fiduciary)	
Patricia A	A. Stone	
	(Typed or printed name of person signing)	
VPSD		
	(Title of person signing)	