P07000030109

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TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: DOCUMENT NUMBER:		ELAB'S SUPPLY, INC	<u>C.</u>
		P07000030109	
The enclosed Artic	cles of Amendment and fee	are submitted for filing.	
Please return all co	orrespondence concerning (his matter to the following:	
		HUGO LINS	
		Name of Contact Person	
	DUV	EKOT CORPORATION	·
		Firm/ Company	
	200 S	ANDREWS AVE STE 101	
		Address	
		LAUDERDALE, FL 33301	
		City/ State and Zip Code	
	ADMIN E-mail address: (to be us	@DUVEKOT.COM sed for future annual report notification)	
For further inform	ation concerning this matter	r, please call:	
	HUGO LINS	at (305) 7	16-9775
Name	of Contact Person	Area Code & Daytime Te	elephone Number
Enclosed is a chec	k for the following amount	made payable to the Florida Depar	rtment of State:
□\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
P.O. Box 6	nt Section Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circ	le

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation** of

ELAB'S SUPPLY, INC.	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P07000030109	
(Document Number of Corporation (if known)	

lowing

Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation:	06, Florida Statutes, this <i>Florid</i>	la Profit Corporation adopts the fo)ll
A. If amending name, enter the new name of	of the corporation:		
KLONE	SCIENTIFIC INC.	The ne	w
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered." "pre-	e designation "Corp," "Inc," (or "Co". A professional corporation	
B. Enter new principal office address, if app			
(Principal office address <u>MUST BE A STREI</u>	ET ADDRESS)	⊕er.4.}	
 C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF) D. If amending the registered agent and/or new registered agent and/or the new registered. 	registered office address in Fl	56	コーロフ
Name of New Registered Agent:			
New Registered Office Address:	(Florida street addr	·	
	(0):	, Florida (Zip Code)	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changi I hereby accept the appointment as registered to		accept the obligations of the position	•
	Signature of New Registered Ac	ant if changing	

<u>f amendi</u>	ig the Officers and/or Direct	ors, enter the title and name of each office	er/director being
	<u>nd title, name, and address o</u> litional sheets, if necessary)	of each Officer and/or Director being add	<u>led:</u>
<u>Γitle</u>	<u>Name</u>	<u>Address</u>	Type of Action
			
			☐ Add
_			
	ding or adding additional Aidditional Siedditional sheets, if necessary).		
provis		schange, reclassification, or cancellation nendment if not contained in the amendm	

The date of each amendmen	it(s) adoption: 06/22/2011
Effective date <u>if applicable</u> :	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes east for the amendment(s vere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statemeded 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)
	(voting group)
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated_06/2	24/2011
Signature _	X (R)
sele	a director, president of other officer—if directors or officers have not been ected, by an incorporator—if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	RAIMUNDO E NUNES DE LIMA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)