## P07000135188

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AUG 1 6 2013

T. BROWN

## IMICARD MERRILL

Charles J. Bartlett

2033 Main Street Suite 600 Sarasota, FL 34237 941.953.8113 Fax: 941.366.6384 cbartlett@icardmerrill.com

August 9, 2013

icardmerrill.com

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Advanced Allografts, Inc.
Morgan Scantland Design, Inc.

Dear Sir or Madame:

Enclosed herewith please find the following documents:

- 1. Statement of Change of Registered Office or Registered agent for Advanced Allografts, Inc.; and
- 2. Articles of Amendment for Morgan Scantland Design, Inc.

Also enclosed is a check for the filing of these documents. If you need anything further, please let me know.

Very truly yours,

ICARD, MERRILL, CULLIS, TIMM, FUREN & GINSBURG, P.A.

Sharon Firlotte

Certified Paralegal to

Charles J. Bartlett

Enclosures

13 AUG 12 PM 3: 15

## Articles of Amendment to Articles of Incorporation of

MORGAN SCANTLAND DESIGN, INC	<u>,                                     </u>				
(Name of Corporation as currently filed with the	e Florida Dept. of State)				
P07000135188					
(Document Number of Corporation	n (if known)				
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	his Florida Profit Corporation adopts the following amendment(s) to				
A. If amending name, enter the new name of the corporation:	. The new				
name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviatio	tion," "company," or "incorporated" or the abbreviation r "Co". A professional corporation name must contain the				
B. Enter new principal office address, if applicable:	1492 Casey Key Road				
(Principal office address MUST BE A STREET ADDRESS)	Nokomis, FL 34275				
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 office a new registered agent and/or the new registered of fice addr	<u>'ess:</u>				
Name of New Registered Agent CHARLES J. BARTLETT, ESQUIRE					
	reet, Suite 600				
·	street address)				
New Registered Office Address: Sarasota	Florida 34237 (Zip Code)				
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am family					
Signature of New Register	ed Agent, if-changing				

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.

X Change	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address	
1) Change		<u>N/A</u>		_
Add				
Remove				
2) Change				
Add				
Remove				_
3 ) Change			<u></u>	
Add			<u> </u>	
Remove				
4) Change				
Add			-	
Remove				
5) Change				
Add				
Remove				
6) Change	<del></del>			
Add				
Remove				

E. <u>If amendin</u>	ng or adding additional Art litional sheets, if necessary)	icles, enter change	(s) here:		
N/A	monut sneets, if necessary).	(De specific)			
IN/A					<del></del>
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F. <u>If an amer</u>	ndment provides for an exc	hange, reclassificat	ion, or cancellation o	fissued shares,	
provision	is for implementing the amount applicable, indicate N/A)	endment if not con-	ained in the amendm	ent itself:	
N/A	і аррисавіе, іпаісаїе ім'я у				
IN/A					
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		<del></del>			

The date of each amendment(s) adoption:	_, if other than the
date this document was signed.  Effective date if applicable:  N/A	
(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/vere 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 east 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 August 6 2013	
(By a director, president or other officer – if directors or officer have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
GEORGE F. SCANTLAND, III	
(Typed or printed name of person signing)	_
President	
(Title of person signing)	