nips://enile_sundiz.org DIVISION OF COD poration Department of State da **Division of Corporations Electronic Filing Cover Sheet** Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H140001774213))) H140001774213ABC. Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. To: Division of Corporations Fax Number : (850)617-6380 From: Account Name ; CORPORATE CREATIONS INTERNATIONAL INC. Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)694-1639 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address: ņ 25 Л COR AMND/RESTATE/CORRECT OR O/D RESIGN P \Box RECEIVEL STEMCELLREGENMED, INC. £ £ Certificate of Status 0 $\overline{\infty}$ 25 Certified Copy 0 04 Page Count 4 Estimated Charge \$35.00 **Electronic Filing Menu Corporate Filing Menu** Help

Articles of Amendment t0 Articles of Incorporation of

STEMCELLREGENMED, INC.

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

P08000073584

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(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Floride Statutes, this Florida Prafit Corporation adopts the 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 abbravia	tion
"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 . E	nter new principal office address, i	if applicable:	1032 Wes	st Coral Stre	et	
	cipal office address <u>MUST BE A S</u>		Tampa, F	L 33602		
	Enter new mailing address, if appli Mailing address <u>MAY BE A POST (</u>		1032 Wes	st Coral Stre	et.	
			Tampa, F	L 33602		
					4	
	f <u>amending the registered agent an</u> ew registered agent and/or the new		ss in Florida, enter	the name of the	F	
	Name of New Registered Agent			;		··· *
		1032 West Core	al Street	-	te na ⊖	.13
	New Registered Office Address:	(Florida street Tampa		Florida 33602	co	
		(City)		(Zip Code	 e)	

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

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:

(Anach 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 = Trustes; 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 os an Add. Example:

X Change PT. <u>John Doe</u> X Remove Y Mike Jones X Add <u>ŞV</u> Sally Smith Address Type of Action Title <u>Name</u> (Check One) TOMOKO FEINERMAN T,D 1032 West Coral Street Change nl Tampa, FL 33602 ¥ Add Remove VP, D STEVEN J. FEINERMAN 1032 West Coral Street Change 2) Tampa, FL 33602 ✓ Add Remove 1032 West Coral Street P,S, D BURTON FEINERMAN 311 Change Tampa, FL 33602 Add Remove Сћапде 4) Add Remove 5) Change Add Remove ൭ Change Add Remove

E.	If amending or adding additional Arti	cles, enter change(s) here:
	(Attach additional sheets, if necessary).	(Be specific)

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F,	If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
	provisions for implementing the amendment if not contained in the amendment itself:
	(if not applicable, indicate N/A)

Page 3 of 4

The date of each amendment(s) date this document was signed.	adoptiou:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a by the shareholders was/were :	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement or each voting group entilled to vote separately on the amendment(s):	
	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
Dated July 29	5 2014	
	A B S	
Signature	Birector, president or other officer = if directors or officers have not been	<u></u>
selec	ted, by an incorporator - if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	Lauren Vadney	
	(Typed or printed name of person signing)	
	Attorney-in-Fact	
	(Title of person signing)	

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