Florida Department of State

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.

(((H140000681023)))



H140000881023AEC/V

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 : (85

: (850)617-6380

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067 Phone : (845)425-0077 Fax Number : (845)818-3588

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN ALLERAYDE SAB, INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 1 |
| Page Count | 05 |
| Estimated Charge | \$43.75 |

14 MAR 20 AM 8: 28 EGRETAS LOS STATE

1/ 6

Electronic Filing Menu

Corporate Filing Menu

Help

COYER LETTER

| TO: Amendment Section Division of Corporations | | | | | | |
|---|---|--|--|--|--|--|
| NAME OF CORPORATION: Allerayde | NAME OF CORPORATION: Allerayde SAB, Inc. | | | | | |
| DOCUMENT NUMBER: P090000049 | 71 | | | | | |
| The enclosed Asticles of Amendment and fee are sa | | | | | | |
| Please return all correspondence concerning this ma | - | | | | | |
| , | are to the formation, | | | | | |
| Alan W. Grofe | Name of Contact Perso | स्त्री त्वा त्वाच क्रमकृष्ण प्रथम स्त्रा हे उत्तर्भ क्रमकृष्ण क्रमकृष्ण व्यापन विकास क्रमकृष्ण क्रमकृष्ण क्रमक | | | | |
| Allerayde SAB, | | | | | | |
| <u></u> | Firm/ Company | | | | | |
| 100 Rialto Plac | e, #700 | | | | | |
| | Address | | | | | |
| Melbourne, FL | | | | | | |
| | City/ State and Zip Cod | k e | | | | |
| agrofe58@gmail.co | OM sed for fluire annual report | 12 | | | | |
| e-man address: (to be iii | sea for future annual report | iminicipon; | | | | |
| For further information concerning this matter, please call: | | | | | | |
| Alan W. Grofe | nt (571 | , 330-0980 | | | | |
| Name of Contact Person | Area Co | de & Daytime Telephone Number | | | | |
| Enclosed is a check for the following amount made payable to the Florida Department of State: | | | | | | |
| ☐ \$35 Filing Fee | ☐S43.75 Filing Fee & Certified Copy (Additional cupy is enclosed) | MS52.50 Fiting Fee Centificate of Status Certified Cupy (Additional Cupy is enviosed) | | | | |
| Mailing Address Amendment Section | Street Address | | | | | |
| Division of Corporations | Amendment Section Division of Corporations | | | | | |
| P.O. Box 6327 Tallahussee, FL 32314 | | i Building Executive Center Circle | | | | |
| · · · · · · · · · · · · · · · · · · · | assee, FL 32301 | | | | | |

Articles of Amendment to Articles of Incorporation of

14 MAR 20 AM 8: 28

SECRETARY OF STATE TALLAHASSEE, FLORIDA

| Allerayde SAB, Inc. | | | TALLAHASS | EE, FLORIDA |
|--|--|--------------------------|--------------------|-------------------|
| (Name of Corporation as currently | y filed with the Florida | Dept. of State) | | |
| P09000004971 | | | | |
| (Document Number | of Corporation (if know | n) | | |
| Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation: | ida Staunes, this <i>Florida</i> | a Profit Corporation add | opts the following | g amendment(s) to |
| A. If amending name, enter the new name of the | corporation: | | | |
| Stragenics, Inc. | | | | The now |
| name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or t | orp," "Inc," or "Co". | | ated" or the ab | breviation |
| B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A. | ble: DDRESS) | | | |
| C. Enter new mailing address, if applicable: (Mulling address MAY BE A POST OFFICE I | <u></u> | | | |
| D. If amending the registered agent and/or registered new registered agent and/or the new registered Name of Naw Registered Agent | itered office address in ed office address: | Florida, enter the name | e of the | |
| | | <u> </u> | | |
| | (Florida street add | ress) | | |
| New Registered Office Address: | (City) | , Florida_ | (Zip Code) | |
| - | (Critis) | | (rap Gode) | |
| New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent | | d 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:

(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 = Treasurer; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doc 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.

| Example: X Change | <u> </u> | John Do | 2 | |
|-------------------------------|--------------|----------|--------------|---------|
| X Remove | <u>v</u> | Mike Joi | nes | |
| X Add | <u>sv</u> | Sally Sm | n <u>ith</u> | |
| Type of Action (Check One) | <u>Title</u> | | Name | Address |
| 1) Change | | _ | | |
| Add | | • | | |
| Remove | | | | |
| 2) Change | | _ | | |
| Add | | | | |
| Remove | | | • | |
| 3) Change | <u></u> | | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | _ | | |
| ☐_ ∧dd | | | | |
| Remove | | | | |
| 5) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 6) Change | | | | |
| Add | | _ | | |
| Remove | | | | |
| L IVERNOVE | | | | |

| E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if incessory). (Be specific) |
|--|
| Article 1 shall be replaced in entirety as follows: |
| |
| "ARTICLE 1 |
| CORPORATE NAME |
| The name of the corporation shall be: Stragenics, Inc." |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| F. If an amendment provides for an exchange, reclassification, or concellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (If not applicable, indicate Not) |
| |
| |
| |
| |
| Prince of the second se |
| |
| |
| |

| The date of each amendment | t(s) adaption: Merch 20, 2014 | if other than the |
|--|---|-------------------|
| date this document was signed | . | |
| Effective date if applicable: | March 20, 2014 | |
| | (no mare than 90 days after amendment file date) | _ |
| Adaption of Amendment(s) | (CHECK ONE) | |
| | re adopted by the starreholders. The number of votes cast for the amendment(s) are sufficient for approval. | |
| | re approved by the shareholders through voting groups. The following statement and for each voting group entitled to vote separately on the amendment(s): | |
| "The number of votes | s east for the amendment(s) was/vere sufficient for approval | |
| b ў | 4 | |
| | (voling group) | |
| The amendment(s) was/wer action was not required, | re adopted by the board of directors without shareholder action and shareholder | |
| The amendment(s) was/wer action was not required. | re adopted by the incorporators without shareholder equion and shareholder | |
| Mar | ch 20, 2014 | |
| Signature | Olan W. Music | |
| | by a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court | |
| | prointed fiduciary by that fiduciary) | |
| ` | Alan W. Grofe | |
| | (Typed or printed name of person signing) | |
| | President, CEO | |
| | (Title of person signing) | - |

14 MAR 20 AH 8: 28
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1 mm m