(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	9 #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment SectionDivision of Corporations
NAME OF CORPORATION: Annona Biosuences, Inc.
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
D. Douglas Name of Contact Person Annona Biosciences Firm/ Company
4440 PGA Blud, Ste 600 Address
Palm Beach Gardens, FL 33410 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
D. Douglas at (561) 951-8787 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee \$35.50 Filing Fee \$Certificate of Status \$43.75 Filing Fee \$Certified Copy
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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Annona Biosue. (Name of Corporation as curr	ently filed with the Flori	da Dept. of Sta	SECRETARY OF STATE te)	E
P09 4 9 Ø	Ø39275		-UR/L	04
(Document Nun	nber of Corporation (if kn	own)		
Pursuant to the provisions of section 607.100 mendment(s) to its Articles of Incorporation:	6, Florida Statutes, this I	Florida Profit (Corporation adopts th	e follow
1. If amending name, enter the new name o	f the corporation:			
				new
ame must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the ame must contain the word "chartered," "pro	e designation "Corp," "In ofessional association," or	c," or "Co"	A professional corpor	ation
 Enter new principal office address, if app Principal office address MUST BE A STREE 			· · ·	
Tincipal office address MOST BE A STREE				
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE)				
D. If amending the registered agent and/or i	CE BOX) registered office address	in Florida, ent	er the name of the	
(Mailing address MAY BE A POST OFFI	CE BOX) registered office address	in Florida, ent	er the name of the	
(Mailing address MAY BE A POST OFFICE	CE BOX) registered office address	in Florida, ent	er the name of the	·
(Mailing address MAY BE A POST OFFICE D. If amending the registered agent and/or a new registered agent and/or the new registered.)	CE BOX) registered office address	in Florida, ent	er the name of the	
(Mailing address MAY BE A POST OFFICE D. If amending the registered agent and/or a new registered agent and/or the new registered.)	CE BOX) registered office address		er the name of the	
(Mailing address MAY BE A POST OFFICE	registered office address stered office address:	address)	 _ _, Florida	
(Mailing address MAY BE A POST OFFICE 1. If amending the registered agent and/or a new registered agent and/or the new registered Agent: Name of New Registered Agent:	registered office address stered office address:	address)	- -	
Mailing address MAY BE A POST OFFICE. If amending the registered agent and/or a new registered agent and/or the new registered Agent. Name of New Registered Agent. New Registered Office Address:	registered office address stered office address: (Florida street	address)	 _ _, Florida	
(Mailing address MAY BE A POST OFFICE	registered office address stered office address: (Florida street (City) ng Registered Agent:	address) (Zip	, Florida o Code)	tion.

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
	Chancellor International, Inc.	4440 PGA Blvd.5666 Palm Beach Gardens, FL 33410	Add Remove
	Chancellor Corporation	4440 PGA Blud Sk 600 Palm Beach Gardens, FL 33410	Q□ Add ■ Remove
			Add Remove
(allach ada	litional sheets, if necessary). (Be specifi		
provision	endment provides for an exchange, reclassion for implementing the amendment if not applicable, indicate N/A)		
	•		
			
			

Effective date if applica	ble:
	(no more than 90 days after amendment file date)
Adoption of Amendmen	it(s) (CHECK ONE)
The amendment(s) was	as/were adopted by the shareholders. The number of votes cast for the amendment(s) vas/were sufficient for approval.
The amendment(s) wa must be separately pr	as/were approved by the shareholders through voting groups. The following statement ovided 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) wa action was not require	as/were adopted by the board of directors without shareholder action and shareholder ed.
_	
The amendment(s) wa action was not require	as/were adopted by the incorporators without shareholder action and shareholder ed.
action was not require Dated_	
action was not require Dated_	5/8/09 are Danslar
action was not require Dated_	
action was not require Dated_	The Surface (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
action was not require Dated_	re
action was not require Dated_	The Surface (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)