

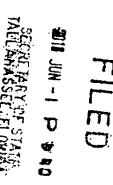
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JUN 04 2019 T. LEMBEUX



COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: David Micholson INC				
DOCUMENT NUMBER: PD9 0000 57815 2090000 57815				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Dayed Nicholson Name of Contact Person				
Name of Contact Person				
David Nicholson INC Firm/Company				
Firm/ Company				
2373 Cedar Shores Circle Address				
Address				
Deckson ville, FL 322/0				
City/ State and Zip Code				
dougla sintages com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
25/0				
Name of Contact Person at (904) 349- The Area Code & Daytime Telephone Number				
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 Certificate of Status Certified Copy (Additional Copy is enclosed) \$35 Filing Fee Certified Copy (Additional Copy is enclosed)				
Mailing Address Street Address				
Amendment Section Amendment Section				
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building				
Tallahassee, FL 32314 Chiton Building 2661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation a	as currently filed with the Florida Dept. of State)
(1)xcument	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statists Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpor	ration:
Biologes INC	RIPLACES INC
name must be distinguishable and contain the word "corp.," "Inc.," or Co.," or the designation "Corp," "tword "chartered." "professional association." or the abbr	Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	<u>SS</u>)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	
Name of New Registered Agent	
1	(Florida street address)
New Registered Office Address:	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	n familiar with and accept the obligations of the Position
Thereog accept the appointment as registered agent. Than	The state of the s
Signature	re 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 = 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.

Example: 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>	Name	Address
1) Change		_	
Add			
Remove			
2) Change			
Add			
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
() (I)			
6) Change			
Add			
Remove			

attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
an amendment provides for an exch	nange, reclassification, or cancellation of issued shares.
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
· · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoption:late this document was signed.	, if other than the
· ·	
Cffective date <u>If applicable</u> : (no more than 90 days after amendment fil	le date)
Note: If the date inserted in this block does not meet the applicable statutory filing require ocument's effective date on the Department of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east for the by the shareholders was/were sufficient for approval.	he amendment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The formust be separately provided for each voting group entitled to vote separately on the ame	
"The number of votes cast 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 action was not required.	and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action and action was not required.	shareholder
Dated 5/28//8 Signature 15/28//8 (By a director, president or other officer – if directors or officers	
Signature DET 15 Mile	
(By a director, president or other officer – if directors or officers	s have not been
selected, by an incorporator – if in the hands of a receiver, truste	ee, or other court
appointed fiduciary by that fiduciary)	
Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President (Title of person signing)	
(Title of person signing)	