P10000072288

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SECRETARY OF STATE
SECRETARY OF STATE

8/2/M

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: A		AGAPE THERAPEUTICS, INC.			
DOCUMENT NUM	лвек:	P10000072288			
The enclosed Article	es of Amendment and fee	are submitted for filing.			
Please return all cor	respondence concerning th	nis matter to the following:			
	DR	R. SAL PELLEGRINO			
-	1	Name of Contact Person			
_		Firm/ Company			
_	731 N.E. 32ND STREET				
_		Address			
_		CA RATON, FL 33431 City/ State and Zip Code			
	KK0	933@AOL.COM ed for future annual report notification)			
For further informat	ion concerning this matter	r, please call:			
KARE Name e	N PELLEGRINO Contact Person	at (561) 367-1333 Area Code & Daytime Telephone Number			
Enclosed is a check	for the following amount	made payable to the Florida Department of State:			
□ \$35 Filing Fee	☑ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)			
Mailing Ade Amendment Division of G P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

Articles of Amendment

to

Articles of Incorporation

nf

FILED

AGAPE THERAPEUTICS, INC.

(Name of Corporation as currently filed with the Florida Dept. of State) | PM 1:56

	P10000072288	SECRETARY OF	STATE
(Docum	ment Number of Corporation (if k	(nown) TALLAHASSEE, F	ĽÓŘÍĎ#
suant to the provisions of section endment(s) to its Articles of Incorp		Florida Profit Corporation	adopts the follow
If amending name, enter the nev	v name of the corporation:		
	n /	/	The new
ne must be distinguishable and reviation "Corp.," "Inc.," or Cone must contain the word "charter	.," or the designation "Ĉorp, $\!\!\!/\!\!\!/$ "	Inc," or "Co". A profession	
Enter new principal office address MUST BE A			
Enter new mailing address, if an (Mailing address MAY BE A PO)		,	
If amending the registered agent new registered agent and/or the		s in Florida, enter the nam	e of the
Name of New Registered Ager	<u>nt</u> :		
New Registered Office Addres.	s: / (Florida stree	et address)	
		, Florida_	
v Registered Agent's Signature,	(City) Registered Agent:	(Zip Code)	
ereby accept the appointment as re	gistered agent. I am familiar wit	h and accept the obligations	of the position.
/	Signature of New Pagint	and 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)

<u>Title</u>	Name	Address	Type of Action
PD	SANDS, ANDREW D.C.	18205 BISCAYNE BLVD. SUITE 2214 AVENTURA, FL 33180	☐ Add ☐ Remove
			— ~
	ling or adding additional Articles, ent Iditional sheets, if necessary). (Be spe		
<u>prov</u> isio	nendment provides for an exchange, rons for implementing the amendment of applicable, indicate N/A)		
N/A			

The date of each amendmen	t(s) adoption: 07/26/2011
Effective date <u>if applicable</u> :	07/26/2011 (date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(species sufficient for approval.
	ere 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	cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voling group)
action was not required.	ere adopted by the board of directors without shareholder action and shareholder action and shareholder action and shareholder action and shareholder
action was not required.	
Dated 07/2	26/2011
sel	y a director, president or other officer – if threctors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	DR. SAL PELLEGRINO
	(Typed or printed name of person signing)
•	PRESIDENT/OWNER
	(Title of person signing)