

PI1000081983

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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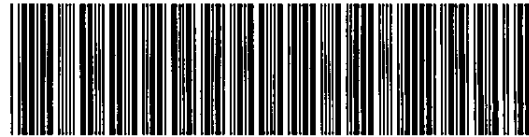
(Business Entity Name)

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03/25/14--01009--023 \*\*52.50

APPROVED  
AND  
FILED

14 MAR 28 AM 9:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS

MAR 31 2014

EXAMINER

\*00789, 00505, 00671

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** INTERNATIONAL MEDICAL INSTITUTE OF BRAIN CORP.

**DOCUMENT NUMBER:** P11000081983

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ELENA VOLODINA

Name of Contact Person

Firm/ Company

6039 COLLINS AVE. #1202

Address

MIAMI BEACH, FL 33140

City/ State and Zip Code

ELENANRPS@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ELENA VOLODINA

Name of Contact Person

at ( 786 ) 375-7719

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 &  
Certified Copy  
(Additional copy is  
enclosed)

☒ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy  
is enclosed)

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 28, 2014

Elena Volodina  
6039 Collins Ave #1202  
Miami Beach, FL 33140

SUBJECT: INTERNATIONAL MEDICAL INSTITUTE OF BRAIN RESEARCH  
CORP.

Ref. Number: P11000081983

We have received your document for INTERNATIONAL MEDICAL INSTITUTE OF BRAIN RESEARCH CORP. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey  
Regulatory Specialist II

Letter Number: 314A00006745

AND  
FILED

14 MAR 28 AM 9:36

Articles of Amendment  
to  
Articles of Incorporation  
ofSECRETARY OF STATE  
TALLAHASSEE, FLORIDAINTERNATIONAL MEDICAL INSTITUTE OF BRAIN RESEARCH CORP.  
(Name of Corporation as currently filed with the Florida Dept. of State)P11000081983

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:A. If amending name, enter the new name of the corporation:DR. NICK'S LAB CORP.

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "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. Enter new principal office address, if applicable:  
(Principal office address MUST BE A STREET ADDRESS)6039 COLLINS AVE.  
SUITE #1202  
MIAMI BEACH, FL 33140C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)SAME AS ABOVED. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:Name of New Registered AgentELENA VOLODINA6039 COLLINS AVE. #1202 MIAMI BEACH 33140

(Florida street address)

New Registered Office Address:

(City)

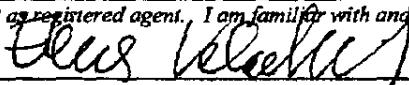
N/A

Florida

(Zip Code)

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:

(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                      PT      John Doe  
X Remove                      V      Mike Jones  
X Add                              SV      Sally Smith

Type of Action  
(Check One)

Title

Name

Address

1) ☒ Change

P/D

ELENA VOLODINA

6039 COLLINS AVE

☐ Add

#1202

☐ Remove

MIAMI BEACH, FL 33140

2) ☐ Change

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ Add

\_\_\_\_\_

☐ Remove

\_\_\_\_\_

3) ☐ Change

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ Add

\_\_\_\_\_

☐ Remove

\_\_\_\_\_

4) ☐ Change

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ Add

\_\_\_\_\_

☐ Remove

\_\_\_\_\_

5) ☐ Change

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ Add

\_\_\_\_\_

☐ Remove

\_\_\_\_\_

6) ☐ Change

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ Add

\_\_\_\_\_

☐ Remove

\_\_\_\_\_



AND  
FILED

14 MAR 28 AM 9:36

The date of each amendment(s) adoption:  
date this document was signed.01/31/2014SECRETARY OF STATE  
TAX ADMINISTRATION if other than theEffective date if applicable:03/17/2014

(no more than 90 days after amendment file date)

## Adoption of Amendment(s)

## (CHECK ONE)

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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)☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated

03/17/14

Signature

Elena Volodina

(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)

ELENA VOLODINA

(Typed or printed name of person signing)

DIRECTOR/PRESIDENT

(Title of person signing)