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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: HO	MESTEAD HEA	LTH RESEARCH, MANGE	MENT AND NUTRITION, INC
DOCUMENT NUMBER: 9120	0004270	8	
The enclosed Articles of Amendmen			
Please return all correspondence con	cerning this mat	tter to the following:	
NEREIS	Y ALON	SO .	
		Name of Contact Person	1
		Firm/ Company	
311 NE	8TH ST S	SUITE 110	
	TEAD 5	Address	
HOMES	TEAD, F		
		City/ State and Zip Cod	e
nereiy87@y	/ahoo.cor	n	
E-mail ac	ddress: (to be us	sed for future annual report	notification)
For further information concerning the	his matter, pleas	se call:	
NEREISY ALONSO		at (305	, 505-4342
Name of Contact Per	son		de & Daytime Telephone Number
Enclosed is a check for the following	g amount made	payable to the Florida Depa	artment of State:
<b>-</b>	Filing Fee & cate 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 Corporation P.O. Box 6327 Tallahassee, FL 32	rations	Ameno Divisio Cliftor 2661 E	Address Idment Section on of Corporations a Building Executive Center Circle assee, FL 32301

## Articles of Amendment to Articles of Incorporation

## HOMESTEAD HEALTH RESEARCH, MANGEMENT AND NUTRITION, INC

(Name of Corporation as currently filed with the Flo	<u> </u>	<del>-</del>
P12000042708	riua Dept. of State)	
(Document Number of Corporation (if k	known)	_
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	Iorida Profit Corporation adopts the following	ng amendment(s) to
A. If amending name, enter the new name of the corporation:		
HOMESTEAD CLINICAL RESEARCH, INC		The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must	abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	<u> </u>	_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	U/A	<del>-</del>
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:  Name of New Registered Agent	ss in Florida, enter the name of the	_
(Florida stree	t address)	
New Registered Office Address: (City)	, Florida(Zip Code)	_
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with Signature of New Registered Agent.	DIA PER P	<b>=</b>

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>	<u>Name</u>		<u>Addres</u> s	
1) Change		44	<b>4</b>		
Add Remove					
2) Change Add Remove					
3 ) Change Add Remove		<u> </u>	<del></del>		
4) Change Add Remove					
5) Change Add Remove					
6) Change Add Remove			<del></del>		

attach additional sheets, if necessary). (Be sp	e <mark>r change(s) here</mark> : ecific)	
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f an amendment provides for an exchange, re provisions for implementing the amendment	classification, or cancellation of issued if not contained in the amendment itsel	<u>shares,</u> <u>f:</u>
(if not applicable, indicate N/A)		
	NA	<u>.                                    </u>

The date of each amendment(s) adoption:	
Effective date <u>if applicable</u> :  (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) was/were sufficient for approval.	endment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The followin must be separately provided for each voting group entitled to vote separately on the amendment	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
<ul> <li>The amendment(s) was/were adopted by the board of directors without shareholder action and si action was not required.</li> <li>The amendment(s) was/were adopted by the incorporators without shareholder action and sharel action was not required.</li> </ul>	
Dated 06/19/2012	
Dated 06/19/2012 Signature	
(By a director, president or other officer – if directors or officers have selected, by an incorporator – if in the hands of a receiver, trustee, or officers have	
appointed fiduciary by that fiduciary)	ther court
Neresy Alonso	
(Typed or printed name of person signing)	
V.P.	
(Title of person signing)	