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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATTON: AllergiMed, Inc.		
DOCUMENT NUME	P12000075202		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Jan Ste el e		
	AllergiMed, Inc.	Name of Contact Person	
		Firm/ Company	
	P.O. Box 3054		
		Address	
	Palm Beach, FL 33480		
		City/ State and Zip Cod	c
onest	opfs@bellsouth.net		
	E-mail address; (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
Jan Steele		561	818-2811 de & Daytime Telephone Number
Name (of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 Filling 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)
Ame Divi P.O.	ling Address ndment Section sion of Corporations Box 6327 ahassee, FL 32314	Amene Divisio Clitton 2661 F	Address Iment Section on of Corporations Building Executive Center Circle issee, FL 32301

Articles of Amendment to Articles of Incorporation of

AllergiMed, Inc.			
(Name)	of Corporation as curre	ntly filed with the Florida Dept.	of State)
P12000075202			
	(Document Number	of Corporation (if known)	· · · · · · · · · · · · · · · · · · ·
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, th	is <i>Florida Profit Corporation</i> ado	opts the following amendment(s) to
A. If amending name, enter the new na	ime of the corporation:		
NA			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	vation "Corp," "Inc," or	"Co". A professional corporati	ated" or the abbreviation
B. Enter new principal office address.	if applicable:	3570 S. Ocean Blvd.	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		Ste. 204	ALL
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)		Palm Beach, FL 33480	ATT TO
		NA	SSEE T
			8: 05 0110A
D. If amending the registered agent ar	dor ranistared office as	Ideacc in Florida, antar the nume	of the
new registered agent and/or the new			<u>or the</u>
Name of New Registered Agent	Jan Steele		
	3570 S. Ocean Blvd.,	Ste. 204	
	(Florida	street address)	
New Registered Office Address:	Palm Beach, FL	1	33480 Florida
New Register Office Mauress.		(City)	(Zip Code)
Name Danis council Agence's Cinematoria of a	hanaina Danistanad kan		
New Registered Agent's Signature, if c I hereby accept the appointment as regist			of the position
	Van Ste	ele	,
	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: <u>X</u> Change	<u>PT John</u>	1 Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
<u>X</u> Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change		Kenneth Easton	Deceased
Add			
X Remove			
2) Change	P, S, T	Jan Steele	3570 S. Ocean Blvd.
X Add			Ste. 204
Remove			Palm Beach, FL 33480
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
NA
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)
NA

	July 27, 2018	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> : _		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date w Department of State's records.	ill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment(s) e sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
•	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
July 27 Dated		
Signature	Van Deeli.	
(By sele	a director, president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)	
	Jan Steele	
	(Typed or printed name of person signing)	
	President, Secretary and Treasurer	
	(Title of person signing)	

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