P12000103930

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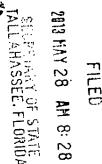
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: OHRA	MEDICAL CORPORATION
DOCUMENT NUMBER: P1200010	03930
The enclosed Articles of Amendment and fe	
Please return all correspondence concerning	this matter to the following:
MAYUMI TO	DD
	Name of Contact Person
TODD'S ACC	COUNTING SERVICES INC
	Firm/ Company
9900 SW 16	8TH STREET SUITE 1
	Address
MIAMI FL 33	157
	City/ State and Zip Code
INFO@TODDA0	CCOUNTING.COM
	to be used for future annual report notification)
For further information concerning this matter	er, please call:
MAYUMI TODD	_{at (} 305) 233-6551
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amoun	t made payable to the Florida Department of State:
□ \$35 Filing Fee □\$43.75 Filing Fee Certificate of S	
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

Articles of Amendment

to

Articles of Incorporation

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FILED

OHRA MEDICAL CORPORAT	ION	2013 MAY 28 AM 8: 29
(Name of Corporation as currently	y filed with the Florida Dept	<u>L of State</u>)
P12000103930		SLUAR AT OF STATE TALEAHASSEE, FLORIDA
(Document Number	of Corporation (if known)	10
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	rida Statutes, this <i>Florida Pro</i>	fit Corporation adopts the following amendment
A. If amending name, enter the new name of the	corporation:	
		The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or to	orp," "Inc," or "Co". A pro	
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A.		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	BOX)	
		
D. If amending the registered agent and/or regis new registered agent and/or the new registered		ida, enter the name of the
Name of New Registered Agent		
<u></u>	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent		cept the obligations of the position.
Signature of	New Registered Agent, if cha	nging

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 <math>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	<u>Addres</u> s
1) Change	S	KENJI OKUNO	422 BALBOA PLAZA, AVENIDA BALBOA
X Add			BELLA VISTA, PANAMA CITY
Remove			PANAMA
2) Change	Т	TAKASHI YAMAGUCHI	10035 NW 44TH TERRACE
X			APT 303
Remove			DORAL, FL 33178
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	, if necessary).	(Be specific)			
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	<u></u>				
					
					
					
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provisions for impleme	enting the amen	inge, reclassific dment if not co	ation, or cancella	tion of issued sha	res,
f an amendment provi provisions for implem (if not applicable, i	enting the amen	inge, reclassific dment if not co	ation, or cancella ntained in the an	tion of issued sha endment itself:	ires,
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f an amendment provi provisions for impleme (if not applicable, i	enting the amen	inge, reclassific dment if not co	ation, or cancella ntained in the an	tion of issued sha nendment itself:	ires,

The date of each amendment(s) adoption: 5/7/2013		
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 was/were suffice.	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.	
	ved by the shareholders through voting groups. The following statement ch 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 action was not required.	ed by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopte action was not required.	ed by the incorporators without shareholder action and shareholder	
Dated 5/7/2013	3	
	etor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court	
	i fiduciary by that fiduciary)	
<u>T</u>	AKASHI YAMAGUCHI	
	(Typed or printed name of person signing)	
<u>T</u>	REASURER	
	(Title of person signing)	