P13000019659

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	Antimicrobial	Applications Inc.	
DOCUMENT NUMB	P13000019659		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Vince DiNova		
-	Antimicrobial Applicati	Name of Contact Personions Inc.	1
-	1010 Lumsden Trace	Firm/ Company Circle	
-	Valrico, FL 33594	Address	
-		City/ State and Zip Cod	e
killmi	icrobes@verizon.net		
,	É-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, please	se call:	
Vince DiNova		813	465-4257
Name of Contact Person			de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
☐ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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		Amend Divisio Clifton	Address Iment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Antimicrobial Applications Inc.

(Name of Corporation as curr

(Name of Corporation as currently filed with t	the Florida Dept. of State)		
P13000019659		# 3 3	
(Document Number of Corporati	ion (if known)	* 7	
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts t	he following am	iendment(s) ti
A. If amending name, enter the new name of the corporation	<u>n:</u>	2 S S R R S S R R S S R R S S R R S S R R S S R R S R S R R S R S R R S R S R R R S R R R S R	
name must be distinguishable and contain the word "corpo "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," word "chartered," "professional association," or the abbreviat	or "Co". A professional corporation i		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add		<u>he</u>	
Name of New Registered Agent			
(Florid	da street address)		
New Registered Office Address:	, Florida		
((City) (Z	ip Code)	
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fami	iliar with and accept the obligations of th	e position.	
Signature of New Registe	red 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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	V	Vince DiNova	1010 Lumsden Trace Cir
Add			Valrico, FL 33594
Remove 2) Change	v	Kay DiNova	1010 Lumsden Trace Cir
Add	-		Valrico FL 33594
Remove 3) Change Add	<u>5T</u>	Vince DINOVE	1010 Lumsden Trace Cix Valeico FL 33594
Remove			
4) Change			
Add Remove			
5) Change			
Add			
6) Change			
Add			
Remove			

famending or adding additional Artic Attach additional sheets, if necessary).	
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· 10/1	
 	
·	
provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself: Joe DiNova 490 shares, Kay DiNova 510 shares

The date of each amountained	03/08/2013
The date of each amendment	03/08/2013
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re 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	22
•	(voting group)
action was not required.	re adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder
03/0 Dated	8/2013
se	y a director president or other officer – if directors or officers have not been lected, by an insorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	Anthony J. DiNova
	(Typed or printed name of person signing)
	President
	(Title of person signing)