P13000044081

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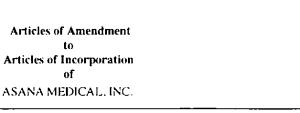
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TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	ASANA MEDICA	L, INC.	
DOCUMENT NUMBER:	PI3000044081		
The enclosed Articles of Amend	ment and fee are su	bmitted for filing.	
Please return all correspondence	concerning this ma	tter to the following:	
GERARI	S. COOMBS		
		Name of Contact Per	rson
REGENT	YS CORPORATIO	N	
		Firm/ Company	
6135 NW	167TH STREET, S	STE. E-15	
		Address	
MIAMIT	AKES, FLORIDA	33015	
		City/ State and Zip C	Code
gcoombs@rege	ntys.com		
		sed for future annual rep	ort notification)
		•	
For further information concerni	ng this matter, pleas	se call:	
GERARD S. COOMBS		305	206-4613
Name of Contact	Person	at (Code & Daytime Telephone Number
radic of conditi	Terson	rneu	code de Baytime Pereprome Prantoer
Enclosed is a check for the follo-	wing amount made [payable to the Florida D	epartment of State:
-	3.75 Filing Fee & rifficate 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 Addr			eet Address
Amendment Section			endment Section
Division of Corporations			ision of Corporations
P.O. Box 6327 Tallahassee, F			lon Building 1 Executive Center Circle

Tallahassee, FL 32301

Articles of Incorporation of



(Name of Corporation	on as currently filed with the Florida Dej P13000044081	pt. or State)
(Docum	nent Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation	adopts the following amendment(s) to
A. If amending name, enter the new name of the co	rporation:	
REGENTYS CORPORATION		The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the	" "Inc," or "Co". A professional corpo	porated" or the abbreviation
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD		
		
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO.	<u>X</u>)	
D. If amending the registered agent and/or register	ed office address in Florida, enter the no	ame of the
new registered agent and/or the new registered		ant of the
Name of New Registered Agent		
		
	(Florida street address)	
New Registered Office Address:		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg	istered Agent:	
I hereby accept the appointment as registered agent.		ons of the position.
Signe	ature 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	<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				
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	_
	
	
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
	endment if not contained in the amendment itself:
cif not applicable indicate N(4)	
provisions for implementing the ame (if not applicable, indicate N/A)	
provisions for implementing the ame (if not applicable, indicate N/A)	
provisions for implementing the ame (if not applicable, indicate N/A)	
provisions for implementing the ame (if not applicable, indicate N/A)	
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provisions for implementing the ame (if not applicable, indicate N/A)	
provisions for implementing the ame (if not applicable, indicate N/A)	
provisions for implementing the ame (if not applicable, indicate N/A)	
provisions for implementing the ame (if not applicable, indicate N/A)	

•	NOVEMBER 28, 2017	
The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
	VEMBER 28, 2017	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this I document's effective date on the Do	block does not meet the applicable statutory filing requirements, this date will epartment of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were ad- by the shareholders was/were st	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.	
	proved by the shareholders through voting groups. The following statement reach 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)	
	(voting group)	
action was not required. The amendment(s) was/were ad action was not required. NOVEMB Dated Signature (By a c selecte	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder ER 28, 2017 GERARD S. COOMBS	_
	(Typed or printed name of person signing)	
	EVP-OPERATIONS	
	(Title of person signing)	