## 913000052646

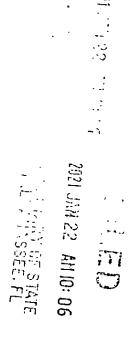
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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: PREVENIX, INC		
	BER:		
	of Amendment and fee are st	abmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	ADRIAN MIDDLETON, ES	SQ	
		Name of Contact Perso	n
	MIDDLETON & MIDDLET		
		Firm/ Company	·
	1437 MARKET ST		
		Address	
	TALLAHASSEE, FL 32312		
		City/ State and Zip Cod	e
	forallbilling@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	t concerning this matter, pleas	se call:	
ADRIAN MIDDLETO		at ( <u>850</u>	815-0256
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment of State:
S35 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)
Ame Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303

## Articles of Amendment to Articles of Incorporation of

PREVENIX, INC.			
(Name of Corporation as currently P13000052646	filed with the Florida Dept. of State)		
(Document Number of	Corporation (if known)		<u> </u>
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the follo	owing amendme	nt(s) to
A. If amending name, enter the new name of the corporation:			
		The new	
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbrev professional corporation name must co	dation (Com. "	
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)		202	
San San Foot Office Hori			
		7	TA 4
		<u>&gt;1</u>	: [] []
D. If amending the registered agent and/or registered office addresses new registered agent and/or the new registered office address:	ss in Florida, enter the name of the	当	C.
		AH 10: 06	4,5
Name of New Registered Agent		<u></u>	
(Florida stree	t mkhreve)		
New Registered Office Address:			
	, Florida	lip Code)	
New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations of the positio	vn,	
Simulting of Nov. B.	istered Agent, if changing	<del></del>	
	isterca Agent, ij changing		
Check if applicable			

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	VP	ROBINSON, VICTOR	6204 129TH ROAD
Add			LIVE OAK, FL 32060
X Remove			
2) Change		_	
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)	
<del></del>		
	<del></del>	
<del> </del>		
<del></del>		
	·	<del></del>
	·	
If an amendment provides for an excha provisions for implementing the amen	nge, reclassification, or cance	ellation of issued shares,
(if not applicable, indicate N/A)	injent is that contained in the s	amenament usen:
-		

•

The date of each amendment(s) ad date this document was signed.	option:, if other than the
·	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will not be listed as the artment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adoptaction was not required.	ted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes east for the amendment(s) icient for approval.
☐ The amendment(s) was/were appro must be separately provided for ea	wed by the shareholders through voting groups. The following statement such voting group entitled to vote separately on the amendment(s):
	r the amendment(s) was/were sufficient for approval
by	N.
	(voting group)
1/21/2021 Dated	
Signature	
selected, i	ctor, 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 fiduciary by that fiduciary)
Α	DRIAN MIDDLETON
_	(Typed or printed name of person signing)
P	
	(Title of person signing)