

P13000058018

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

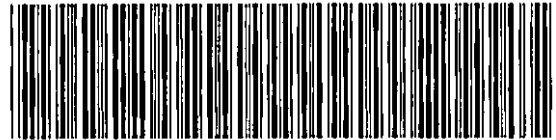
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 AUG -2 PM 2:58

Amend

AUG 03 2018  
D CUSHING

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: THE BRADY BOWES PROFESSIONAL CORPORATION

DOCUMENT NUMBER: P13000058018

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

RYAN BRADY

Name of Contact Person

UIORZ

Firm/ Company

999 BRICKELL AVE #920

Address

MIAMI, FL 33131

City/ State and Zip Code

INFO@UIORZLIFE.COM

E-mail address: (to be used for future annual report notification)

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DIVISION OF CORPORATIONS  
18 AUG -2 PM 2:54P

For further information concerning this matter, please call:

RYAN BRADY

Name of Contact Person

at ( 305 ) 448 2600

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|--|--|---|--|

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 18, 2018

RYAN BRADY  
VIROR LIFE & AESTHETICS  
999 BRICKELL AVE #920  
MIAMI, FL 33131

SUBJECT: THE BRADY BONES PROFESSIONAL CORPORATION, INC.  
Ref. Number: P13000058018

We have received your document for THE BRADY BONES PROFESSIONAL CORPORATION, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Limited Liability Company, but your entity is a Corporation. Please complete and return the enclosed blank form(s).

The filing fee \$35.00 so we need an additional \$10.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing  
Senior Section Administrator

Letter Number: 818A00014734

RECEIVED  
18 AUG -2 AM 11:23  
SECRETARY OF STATE  
TALLAHASSEE, FL 32314

Articles of Amendment  
to  
Articles of Incorporation  
of

The Brady Bones Professional Corporation

(Name of Corporation as currently filed with the Florida Dept. of State)

P13000058018

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:  
(Principal office address MUST BE A STREET ADDRESS)

N/A

C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

N/A

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

N/A

(Florida street address)

New Registered Office Address:

N/A

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

N/A

Signature of New Registered Agent, if changing

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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                      PT      John Doe

X Remove                      V      Mike Jones

X Add                              SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <u>Change</u>	<u>CFO</u>	<u>MICHAEL CORNESIO</u>	<u>1007 N. FEDERAL HWY</u>
<u>  Add  </u>			<u>#389</u>
<u>X Remove</u>			<u>FORT LAUDERDALE, FL</u>
			<u>33304</u>
2) <u>Change</u>			
<u>  Add  </u>			
<u>  Remove  </u>			
3) <u>Change</u>			
<u>  Add  </u>			
<u>  Remove  </u>			
4) <u>Change</u>			
<u>  Add  </u>			
<u>  Remove  </u>			
5) <u>Change</u>			
<u>  Add  </u>			
<u>  Remove  </u>			
6) <u>Change</u>			
<u>  Add  </u>			
<u>  Remove  </u>			

E. If amending or adding additional Articles, enter change(s) here:

*(Attach additional sheets, if necessary). (Be specific)*

N/A

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)*

CANCELLATION OF ISSUE SHARES (ALL)

~~N/A~~

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: IMMEDIATELY (JULY 23, 2018)  
(no more than 90 days after amendment file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**Adoption of Amendment(s) (CHECK ONE)**

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided 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 \_\_\_\_\_"  
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 7/23/18

Signature [Signature]

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

RYAN BRABY  
(Typed or printed name of person signing)

PRESIDENT & CEO  
(Title of person signing)