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COVER LETTER

TO: Amendment Section

Division of Corporations

D.	0 .1 -				
NAME OF CORPORATION: Biomed	Jystems Inc				
DOCUMENT NUMBER: P130000 591681					
The enclosed Articles of Amendment and fee are sul	omitted for filing.				
Please return all correspondence concerning this mat	ter to the following:				
Roxanne_Jo	Ne S				
	Firm/ Company				
9355 113th St	# 3672				
_1000 110 01	Address				
Seminole FL 3	3175				
<u>Defilitore</u> it 3	City/ State and Zip Code				
E-mail address: (to belused for future annual report notification)					
For further information concerning this matter, pleas	e call:				
Roxanne	at (727) 319-6019				
Name of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made p	nayable to the Florida Department of State:				
\$35 Filing Fee	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing Address	Street Address				
Amendment Section	Amendment Section				
Division of Corporations	Division of Corporations				
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle				
allahassee, FL 34314	4001 LACCUITE COILCE CHOIC				

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

Biomed Systems Inc.	
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P130000591681	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Premiere Research Sciences Inc.	The new
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
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)	18 FEB 15
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre	
Name of New Registered Agent	
(Florida s	treet address)
New Registered Office Address:	. Florida
new negative of office mareas.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familial	nt: with and accept the obligations of the position.
Signature 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>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			<u> </u>
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		·	
Add			
Remove			

	(Be specific)				
					
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f an amendment provides for an exc provisions for implementing the ame	hange, reclassifica	tion, or cancella	tion of issued shar	es,	
(if not applicable, indicate N/A)	indinent if not cor	itaineu ili the am	endment itsen.		
			=	=	
				 	
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		 .			
					

· · · · · · · · · · · · · · · · · · ·	, if other than the
date this document was signed.	
Effective date if applicable: 2818 (no more than 90 days after amendment file date)	
Effective date if applicable: 2818 (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, the document's effective date on the Department of State's records.	nis date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment by the shareholders was/were sufficient for approval.	nent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following standard 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)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and share action was not required.	holder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and sharehold action was not required.	er
Dated 2 8 18 Signature Aug 8	
(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)	
Paul F Eckstein (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President (Title of person signing)	
(Title of person signing)	

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