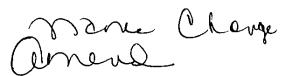
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Office Use Only



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8/12/14

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Stem Ce DOCUMENT NUMBER: P13000066	Il Institute of America Inc.
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this re	natter to the following:
Hardesh Garg	, М.D.
SmartChoice	Name of Contact Person Stem Cell Institute Firm/ Company
9770 Baymea	dows Rd., ste 117
Jacksonville, I	Address FL 32256
	City/ State and Zip Code
	choicestemcell.com used for future annual report notification)
For further information concerning this matter, ple	ease call:
Hardesh Garg, M.D.	at (904) 997-6100
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	e payable to the Florida Department of State:
□ \$35 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed) \$52.50 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	Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED

Stem Cell Institute of	America Inc.	· ·	114 JUL 3 I	PM 2: 0	18
(Name of Corporation as	currently filed with the F	lorida Dept. of Stat	e) metados con constantes à	OF STAT	- F
P13000066873		ī	ELURETARY ALLAHASSI	EE, FLORI	ĎΑ
(Documen	t Number of Corporation (if		å.	۰۰	-
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this a	Florida Profit Corpe	pration adopts	the followin	g amendment(s) to
A. If amending name, enter the new na					
PROLOGEN BIOSCI	ENCES INC.				The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associal	ain the word "corporation ation "Corp," "Inc," or "	Co". A professiona	"incorporated l corporation	i" or the a	_ bbreviation
B. Enter new principal office address, i	if applicable:	N/A			
(Principal office address MUST BE A ST					_
C. Enter new mailing address, if application (Mailing address MAY BE A POST C		N/A			-
D. If amending the registered agent announce registered agent and/or the new			r the name of	the	-
•	N/A	<u>•</u>			
Name of New Registered Agent					
	(Florida stre	eet address)			
New Registered Office Address:	N/A	,	. Florida		
The Register of Office Hadress.	(City)	-		Zip Code)	-
New Registered Agent's Signature, if cl	hanging Registered Agents				
I hereby accept the appointment as registed			bligations of th	he position.	
	NIN				

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.

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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		N/A	
Add			
Remove			
2) Change		N/A	***
Add			
Remove			
3) Change		N/A	
Add		<i>/</i>	
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			<u></u>
Remove			

amending or adding additional attach additional sheets, if necessa	ry). (Be specific)	_
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If an amendment provides for an	exchange, reclassification, or	r cancellation of issued shares.
provisions for implementing the	amendment if not contained	in the amendment itself:
(if not applicable, indicate N/.	4)	
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/ R/ /	\	
/_/A		
(/ ' '	<i>)</i> .	
	/· "	

The date of each amendment(s) adoption: JULY 22, 2014	, if other than th
date this document was signed.	
Effective date if applicable: JULY 22, 2014	
(no more than 90 days after amendment file date)	
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} <mark>n/a</mark> ."	
(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 July 22, 2014	
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)	
HARDESH GARG, M.D.	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	