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Special Instructions to	Filing Officer:	
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C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporation			
Division of Corpe	T)		Miccontical Two
NAME OF CORPOR	RATION: Trote	ase than	THE COUNTRY
DOCUMENT NUMB	BER: P 1300	/	3
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	WALT Protease 3802 West TAMPO Wgaha	Ciry/ State and Zip Cod	euticals INC. y Blud. Ste 22 33629
For further information	a concerning this matter, pleas	,	nonnearony
WALTER Name o	GAHAG AW of Contact Person	at (<u>516</u> Area Co	532 2753 ode & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	\$43.75 Filing Fee & Certificate 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)
	ling Address		Address Iment Section

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

FILED SECRETARY OF STATE DIVISION OF CORPORATION:

11:16

	Articles of Incorporation	2016 AUG -2 AM
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Tro-	tease than ma ceutica	
-	propriation as currently filed with the Florida Dep	t. or State)
<u> </u>	000088163	
	(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:	5, Florida Statutes, this <i>Florida Profit Corporation</i> a	dopts the following amendment(s) to
A. If amending name, enter the new name of	of the corporation:	
	/	The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,	the word "corporation," "company," or "incorporation," "Corp," "Inc," or "Co". A professional corporation "P.A."	orated" or the abbreviation
B. Enter new principal office address, if ap (Principal office address MUST BE A STREE		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)		
D. If amending the registered agent and/or new registered agent and/or the new reg	registered office address in Florida, enter the nar alstered office address:	ne of the
Name of New Registered Agent		
	/	
/	(Florida street address)	
Now Registered Office Address		Elawida
New Registered Office Address:	(City)	, Florida(<i>Zip Code</i>)
New Registered Agent's Signature, if change	ing Registered Agent:	
I hereby accept the appointment as registered	ing Registered Agent: agent. I am familiar with and accept the obligation	is 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>	Name		Address	
1)Change		<u> </u>			
Add					_
Remove					
2) Change		/		<u> </u>	
Add					
Remove					
3)Change		_ /			
Add					
Remove					
4) Change					
Add					
Remove					
5) Change		_			
Add					
Remove					
6)Change					
Add					
Remove					

	ling or adding additional Articles, enter change(s) here: dditional sheets, if necessary). (Be specific)
· · · · · · · · · · · · · · · · · · ·	
	
provisio	endment provides for an exchange, reclassification, or cancellation of issued shares, one for implementing the amendment if not contained in the amendment itself: not applicable, indicate N/A)
	Protease Pharmaceuticals INC.
	That the Company is authorized to Issues The annualment is to recream from
	1500 St. 111 to merean Non
	1500 Shaves to 100,000,000 Shaves.
	This is the Only amendment of this document

(7/29/	7211	***
The date of each amendment(s) ado date this document was signed.	ption:	2016	HERE TARK IF OTHER THAN THE
Effective date <u>if applicable</u> :	(no more than \$0 days a	_0 6 fter amendment file date	2015 AUG -2 AM 11: 16
Note: If the date inserted in this blo document's effective date on the Department		tutory filing requiremer	nts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
☐ The amendment(s) was/were adopt by the shareholders was/were suffi		of votes cast for the am	nendment(s)
☐ The amendment(s) was/were appromust be separately provided for each	ved by the shareholders through voti ach voting group entitled to vote sepa		
"The number of votes cast fo	r the amendment(s) was/were sufficient	ent for approval	
by			
	(voting group)		
The amendment(s) was/were adopt action was not required.	ed by the board of directors without	shareholder action and	shareholder
The amendment(s) was/were adopt action was not required. Dated	ed by the incorporators without share 12912016	eholder action and share	eholder
Signature	Dalk In	-	
selected,	ctor, president or other officer if do by an incorporator if in the hands of I fiduciary by that fiduciary)		
	WALTER (Typed or printed name of	7 2AHAGA: person signing)	x)
	(1 yped or printed name or)	person signing)	
_	CH	0	
	(Title of person	ı signing)	