P14000036452

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: VIDA	MEDICAL RI	ESEARCH INC
DOCUMENT NUMBI	ER: 81400	0036452	
The enclosed Articles of	f Amendment and fee are sub	mitted for filing.	•
Please return all corresp	ondence concerning this matte	er to the following:	
	Ben	Son Chan Name of Contact Person	
		Name of Contact Person	Language to a constant
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		Firm/ Company	
•	13719	NW 7 AVE Address m, FL 3	<u>-</u>
		Address	·
	MIG	m, FL 3	3168
-		City/ State and Zip Code	<u> </u>
	<u> </u>	•	
	Denson	1 Char & A	AOC. COM notification)
·····	E-mail address: (to be use	ed for future annual report	notification)
For further information	concerning this matter, please	e call:	
Ben	son Charles	at (305	688-7010 de & Daytime Telephone Number
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made p		urtment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status		□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address Indiment Section Ition of Corporations Box 6327 hassee, FL 32314	Ameno Divisio Cliftor	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

Of VIDA MEDICAL RESEARCH THE (Name of Corporation as currently filed with the Florida Dept. of State) P1400036452 (Document Number of Corporation (if known)	
(Name of Corporation as currently filed with the Florida Dept. of State) P1400036452	- · · · · · · · · · · · · · · · · · · ·
P14000036452	
HJOCHMENI NUMBER OF CORNORSTON (11 known)	
ursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the follows Articles of Incorporation:	wing amendment(s)
. If amending name, enter the new name of the corporation:	
	The new
ame must be distinguishable and contain the word "corporation," "company," or "incorporated" or the Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name mu ord "chartered," "professional association," or the abbreviation "P.A."	e abbreviation ist contain the
Enter new principal office address, if applicable:	291
Principal office address MUST BE A STREET ADDRESS)	60
	四四
	55 5
. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	75 6
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. 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	
(Florida street address)	
New Registered Office Address:, Florida	
(City) (Z	Zip Code)
The Product of the state of the	
ew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the positio	м
, 1 11 The second of the position	77.

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	PT John	n Doe	
X Remove	<u>V</u> <u>Mik</u>	se Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	Title	Name	Address
1) X Change	P	ANA TAPIA	4935 E / CT
Add			HIALEAH FL 33013
Remove			
2) Change		DARSI FERRET	4935 E 1 CT
Add			HIALOAH FL 33019
Remove			·
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

,	if necessary). (Be spec	-ijic)		
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f an amendment provided provisions for implement (if not applicable, in	nting the amendment if	lassification, or canc not contained in the	ellation of issued shar amendment itself:	es,
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The date of each amendment(s) adoption:	, if other than the
Effective date <u>if applicable</u> : (no more than 90 days after amendment file date)	
(no more than 90 days after amenament file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	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 cast for the amendment by the shareholders was/were sufficient for approval.	at(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	meni
"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 shareho action was not required.	lder
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
12/0/1/	
Dated	
Signature	
(By a director, president or other officer - if directors or officers have not be	
selected, by an incorporator - if in the hands of a receiver, trustee, or other co	ourt
appointed fiduciary by that fiduciary)	
DARSI FERRET	<u>,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
(Typed or printed name of person signing)	
(Title of person signing)	
(Title of newest signing)	