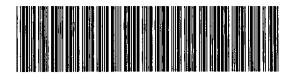
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HAR OB 2017

COVER LETTER

TO: Amendment Section

Division of Corporations	and the second of
NAME OF CORPORATION: VIDA	MEDICAL RESEARCH INC
DOCUMENT NUMBER: P140	00036452
The enclosed Articles of Amendment and fee a	re submitted for filing.
Please return all correspondence concerning this	s matter to the following:
B	enson Charles
	Name of Contact Person
	Firm/ Company
13	• •
	719 N.W. 7 AVE Address
n	O Am FL 33/68 City/ State and Zip Code
	City/ State and Zip Code
\mathcal{B}_4	be used for future annual report notification)
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter,	please call:
Benson Charle	at (305) 688-7010 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount n	nade payable to the Florida Department of State:
\$35 Filing Fee	
Mailing Address	Street Address
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

VIDA MEDICAL	RESEARCH INC	4 2 6
(Name of Corpor	ration as currently filed with the Florida Dept. of State)	- 000 B
P140000	36452	喜哥
(D.		6 €
	cument Number of Corporation (if known) orida Statutes, this Florida Profit Corporation adopts the follow	ving amondme
A. If amending name, enter the new name of the	e corporation:	د
		The new
"Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A	ıble:	st contain the
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u>)	
D. If amending the registered agent and/or reginew registered agent and/or the new register	stered office address in Florida, enter the name of the red office address:	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	, Florida	
	(City) (Z	(ip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	Registered Agent: nt. I am familiar with and accept the obligations of the positio	n.
c	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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	. 	DARSI FERRET	4935 E) CT
Add			HIALEAH FL 330/3
Remove			
2) Change	•		
Add			
Remove			
3) Change			
Add			
Remove		•	
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ts, if necessary).	ticles, enter cha (Be specific)			
			<u> </u>		
	 				
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an amendment prov	ildaa fan on aval	hamaa waalaasif	ination or someoff	ation of issued she	
provisions for implen	nenting the ame	endment if not o	contained in the a	mendment itself:	11 65,
	indicate N/A)			_	
(if not applicable,					
(if not applicable,					
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(if not applicable,					

The date of each amendment(s) adoption:	, if other than the
Effective date if annicable.	
(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 document's effective date on the Department of State's records.	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(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	
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)	
ANA R TAPIA	
(Typed or printed name of person signing)	
(Title of person signing)	···
(I HIE OF DETSON SIGNING)	