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2018 JUN 29 PM 2: 42 SECRETARY OF STATE

C GOLDEN
JUL - 3 2010

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Somtherapeutics C	огр. ————————			
DOCUMENT NUMI	BER:P14000071235				
The enclosed Articles	of Amendment and fee are sub	omitted for filing.			
Please return all corre	spondence concerning this mat	ter to the following:			
	Janet J. Ostroff, Registered A	gent			
	Name of Contact Person				
	Jacobowitz & Ostroff, P.A.				
	Firm/ Company				
	11900 Biscayne Blvd., Suite	720			
		Address			
	Miami, FL 33181				
		City/ State and Zip Code	- 		
ijost	roff@jandolaw.com				
	E-mail address: (to be us	ed for future annual report	notification)		
	n concerning this matter, pleas		805 2404		
Janet J. Ostroff		at (_) 895-3404		
Name	of Contact Person	Area Coo	de & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made p	payable to the Florida Depa	rtment 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)		
Amo Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xccutive Center Circle issee, FL 32301		

FILED

2018 JUN 29 PM 2: 42

Articles of Amendment to Articles of Incorporation of

SECRETARY OF STATE TALLAHASSEE, FLORIDA

SOMTHERAPEL	TITICS CORP.
(Name of Corporation as currently	filed with the Florida Dept. of State)
	0071235
	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this I is Articles of Incorporation:	
4. If amending name, enter the new name of the corporation:	
81// 5	The new
name must be distinguishable and contain the word "corporation" Corp.," "Inc.," or Co.," or the designation "Corp.," 'Inc.," or "two designation "Corp.," 'Inc.," or "two designation," or the abbreviation "cord "chartered," "professional association," or the abbreviation	and the second s
B. <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	ress in Florida, enter the name of the
Name of New Registered Agent	
(Flouda 5)	reet address)
NUA	. Florida
New Registered Office Address:	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agem. I am familiar	1: 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:

(Anach 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= Du ector; 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add

Example: <u>X</u> Change	Pf John Doc	
X Remove	V Mike Jones	
X Add	SV Sally Smith	
Type of Action	<u>Title</u> <u>Name</u>	Vqqueža
(Check One)	P Alan G Harris	90 Harcourt Street
1) Change		Dublin 2
Add X Remove		treland
	PCEOD Jue Wiley	90 Harcourt Street
2) X Change		Dublin 2
Add		Ireland
Remove	Rory Nealon	14 Mather Road North
3) X Change	TSCFOD Rolly Realisti	Mount Marrion
Add		Co. Dublin, Ireland
Remove	D Patrick Jordan	275 Gregory Road
4) Change	The state of the s	Franklin Lakes, NJ 07417
X Add		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

amending or adding additional Arti Mach additional sheets, if necessary)	(Be specific)
N/A	
······································	
<u> </u>	
	nange, reclassification, or cancellation of issued shares,
trovisions for implementing the nine	inducent if not contained in the amendment itself:
(if not applicable, indicate NA)	
N/A	

	June 26, 2018	
The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date if applicable:	N/A	
Elective date in applicance.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this E document's effective date on the De	lock does not meet the applicable statutory filing requirements, this partment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes east for the amendme fficient for approval.	nt(s)
	roved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ement
	for the amendment(s) was/were sufficient for approval	
by	(vating group)	
	(vating group)	
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	older
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated 26 5	L W	
(By a di selected	rector, president or other officer – if directors or officers have not be l, by an incorporator – if in the hands of a receiver, trustee, or other c ed fiduciary by that fiduciary)	
	Rory Nealon	
	(Typed or printed name of person signing)	
	Treasurer/Secretary/Chief Financial Officer	
•	(Title of person signing)	
