

P140000848 26

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000093952 3)))



H150000939523ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED

15 APR 16 PM 4:49

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
FALL WALKER CENTER
TALLAHASSEE, FLORIDA

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
HOPE OF LIFE MEDICAL RESEARCH INC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

SECRETARY OF STATE
FALL WALKER CENTER
TALLAHASSEE, FLORIDA

15 APR 16 AM 8:32

FILED

APR 17 2014

C. CARROTHERS

Electronic Filing Menu

Corporate Filing Menu

Help

H15000093952

Articles of Amendment
to
Articles of Incorporation
of

HOPE OF LIFE MEDICAL RESEARCH INC

Florida Document Number: PI40000084820

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

Remove: Maria Gisela Roque

Add: Delvis Leon Quintana as VP

Add: Roxana Gonzalez as VP

Add Lazaro Sandro Chepe Ferrer as P &

RA at address: 330 SW 27 Ave suite 601

Miami FL 33135

Add: Felipe Manuel Martinez as VP

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 APR 16 AM 8:32

FILED

These articles of amendment were adopted on 04-16-15

The corporation has only one group of voting stock. This amendment was approved by the shareholders and the number of votes cast for amendment was sufficient for approval.

X [Signature]

Signature

Maria Gisela Roque (P)

Printed Name and Title

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

[Signature]

Signature of New Registered Agent, if changing

H15000093952