# P14000097342

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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

**Mailing Address** 

P.O. Box 6327

Amendment Section

**Division of Corporations** 

Tallahassee, FL 32314

NAME OF CORPORATION: Antibiotic Adjuvan	t, Inc	<del></del>		
DOCUMENT NUMBER: P14000097342				
The enclosed Articles of Amendment and fee are suf-	bmitted for filing.			
Please return all correspondence concerning this mat	tter to the following:			
Robert Yancey, Jr., MD				
	Name of Contact Person			
Antibiotic Adjuvant				
	Firm/ Company			
4963 SW 91st Way				
	Address			
Gainesville, FL 32608				
	City/ State and Zip Code	<del></del>		
bob@a-adjuvant.com				
E-mail address: (to be us	sed for future annual report r	otification)		
For further information concerning this matter, pleas	ee call:			
Robert Yancey, Jr., MD	at ( <sup>352</sup>	448-3620		
Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee \$\text{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)		

Street Address
Amendment Section

Clifton Building

**Division of Corporations** 

2661 Executive Center Circle Tallahassee, FL 32301

max/~/18

#### Articles of Amendment to Articles of Incorporation of



Antibiotic Adjuvant, Inc.

## (Name of Corporation as currently filed with the Florida Dept. of State) P14000097342 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. 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 (Zip Code) 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.

ng 1/2/18

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)	_Title	<u>Name</u>	<u>Addres</u> s
1) Change	CEO	Anne Favre	4963 SW 91st Way
Add X Remove			Gainesville, FL
2) Change	CEO	David Flores	4963 SW 91st Way
X Add			Gainesville, FL 32608
Remove			
3) Change			
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
4) Change		<del></del>	
Add			
Remove			
5) Change			·
Add			<u> </u>
Remove			<u> </u>
6) Change			
Add			
Remove			

attach additional sheets, if necessary).	icles, enter chan (Be specific)	<u>gets) nere</u> .			
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an amendment provides for an exc	hange, reclassific	eation, or cancellat	on of issued sha ndment itself:	res,	
provisions for implementing the amount of th	enament in not co				
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	March 28,2018	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
M	arch 28,2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment	file date)
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requestrement of State's records.	uirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were aby the shareholders was/were	dopted by the shareholders. The number of votes cast for sufficient for approval.	r the amendment(s)
	oproved by the shareholders through voting groups. The reach voting group entitled to vote separately on the ar	
"The number of votes ca	at for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were as action was not required.	dopted by the board of directors without shareholder acti	on and shareholder
☐ The amendment(s) was/were action was not required.	dopted by the incorporators without shareholder action as	nd shareholder
Dated4	12/18  Nyuwey WD  director, president or other officer – if directors or officer day an incorporator – if in the hands of a receiver, true	
Signature	Ryuneship	
50100	director, president or other officer – if directors or office ed, by an incorporator – if in the hands of a receiver, true nted fiduciary by that fiduciary)	ers have not been stee, or other court
	Robert Yancey, Jr., MD	
	(Typed or printed name of person signing)	
	CoFounder and Director	
	(Title of person signing)	