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C. GOLDEN OCT 23 2017

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION	: ANAGEN IN	C		
DOCUMENT NUMBER: 🔠	P15000006915			<del></del>
The enclosed Articles of Amen	dment and fee are su	bmitted for filing.		
Please return all correspondenc	e concerning this ma	tter to the following:		
_JOH	GOSS			
		Name of Contact Pe	rson	_
GOSS	HOLDINGS, II	NC.		
		Firm/ Company	,	
7501	WILES RD STE	103		
		Address		
CORA	AL SPRINGS, F	L <b>33067</b>		
		City/ State and Zip (	Code	
sfltaxpro	@aol.com			
		sed for future annual rep	ort notificatio	n)
For further information concert	ing this matter, pleas	se call:		
JOHN GOSS		at (310	/	-5527
Name of Contac	t Person	Area	Code & Dayt	ime Telephone Number
Enclosed is a check for the follo	owing amount made	payable to the Florida [	Department of	State:
	43.75 Filing Fee & ertificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certif Certif (Addi	0 Filing Fee icate of Status ied Copy tional Copy closed)
Mailing Add Amendment S Division of C P.O. Box 632 Tallahassee, 1	Street Address  Amendment Section  Division of Corporations  Clifton Building  2661 Executive Center Circle			

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Frieb Morno en

2017 OCT 20 PM 1: 13 ANAGEN INC (Name of Corporation as currently filed with the Florida Dept. of State). P15000006915 (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: GOSS HOLDINGS, INC. 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." WHISPERING WOODS CENTER B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 7501 WILES RD STE 103 CORAL SPRINGS, FL 33067 C. Enter new mailing address, if applicable: WHISPERING WOODS CENTER (Mailing address MAY BE A POST OFFICE BOX) 7501 WILES RD STE 103 CORAL SPRINGS, FL 33067 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: N/A Name of New Registered Agent 7501 WILES RD STE 103 (Florida street address) **CORAL SPRINGS** 33067 New Registered Office Address: , Florida (City) (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.

N/A
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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change			 
Add			
Remove		N/A	
2) Change			 
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			 
Add			
Remove			
5) Change		-	 
Add			
Remove			-
6) Change			 
Add			
Remove			

n amendment provides for an exchange, reclassification, or cancellation of issued shares, oxisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate NiA)	ach additional sheets, if necess	d Articles, enter cha ary). (Be specific)	<del></del>		
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The date of each amendment(s date this document was signed.		OCTOBER 10, 2017	, if other than the
· ·	·	ER 10, 2017	
Effective date <u>if applicable</u> :		(no more than 90 days after amendment file da	te)
Note: If the date inserted in the document's effective date on the	nis block does Department o	not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	( <u>C</u>	HECK ONE)	
■ The amendment(s) was/were by the shareholders was/wer	adopted by the sufficient for	e shareholders. The number of votes east for the ar approval.	mendment(s)
		the shareholders through voting groups. The following group entitled to vote separately on the amendm	
"The number of votes of	east for the am	endment(s) was/were sufficient for approval	
by	(v	oting group)	
☐ The amendment(s) was/were action was not required.	adopted by th	e board of directors without shareholder action and	shareholder
☐ The amendment(s) was/were action was not required.	adopted by th	e incorporators without shareholder action and shar	reholder
Dated_OC	FOBER 10	, 2017	
sele	ected, by an in	esizent or other officer – if directors or officers have corporator – if in the hands of a receiver, trustee, or ry by that fiduciary)	e not been r other court
	JOHN	GOSS	
		(Typed or printed name of person signing)	
	PRESI	DENT	
		(Title of person signing)	

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