## PISCOOBS 91

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| PICK-UP                 | ☐ WAIT            | MAIL      |
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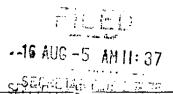
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORA           | ATION: GAIA CELL CORI   | P  |  |
|---------------------------|---|--|--|
| DOCUMENT NUMBE            |   |  |  |
| The enclosed Articles of  | f Amendment and fee are sul   | bmitted for filing.  |  |
| Please return all corresp | ondence concerning this mat   | ter to the following:  |  |
| C                         | UICUI GUO   |  | •  |
| _                         |   | Name of Contact Person   | 1  |
| . –                       |   | Firm/ Company  |  |
| 3                         | 055 NW 84TH AV SUITE #  | • -  |  |
| _                         | -   | Address  |  |
| Γ                         | ORAL FL 33122   |  |  |
| _                         |   | City/ State and Zip Code   |  |
| GAIAC                     | CELLCORP@GMAIL.COM  |  |  |
|                           | E-mail address: (to be us   | ed for future annual report  | notification)  |
| For further information   | concerning this matter, pleas   | e call:  |  |
| CUICUI GUO                |   | at ( <u>86</u>   | 13538060820  |
| Name of Contact Person    |   | Area Code & Daytime Telephone Number                               |  |
| Enclosed is a check for   | 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) |
| Amen<br>Divisi<br>P.O. I  | ng Address<br>dment Section<br>on of Corporations<br>Box 6327<br>nassee, FL 32314 | Amend<br>Divisio<br>Clifton  | Address ment Section on of Corporations Building xecutive Center Circle                |

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



GAIA CELL CORP

| (Name of   | Corporation as currently f      | iled with the Florida Dept. of State, 44 44000   |  |
|--|---------------------------------|--|--|
| P150000138914  | •                               | 1  |  |
|  | (Document Number of C           | orporation (if known)  |  |
| Pursuant to the provisions of section 607.1 its Articles of Incorporation:   | 006, Florida Statutes, this Flo | orida Profit Corporation adopts the following amendment(s) to  |  |
| A. If amending name, enter the new name  | ne of the corporation:          |  |  |
| N/A  |                                 | The new  |  |
|  | tion "Corp," "Inc," or "Co      | "company," or "incorporated" or the abbreviation ". A professional corporation name must contain the |  |
| B. Enter new principal office address, if  | applicable:                     | 3055 NW 84TH AV SUITE #1   |  |
| (Principal office address MUST BE A ST   |                                 | DORAL FL 33122   |  |
|  |                                 |  |  |
| <ul> <li>C. Enter new mailing address, if applic (Mailing address MAY BE A POST O)</li> <li>D. If amending the registered agent and new registered agent and/or the new</li> </ul> | FFICE BOX)                      | s in Florida, enter the name of the  |  |
| Name of New Registered Agent   | MARIA TERESA AMADO              |  |  |
|  | 8201 NW 8TH ST APT 213          |  |  |
| -  | (Florida street                 | address)   |  |
| New Registered Office Address:   | MIAMI                           | . Florida 33126  |  |
|  | (C                              | ity) (Zip Code)  |  |
| New Registered Agent's Signature, if ch. I hereby accept the appointment as registe  | red agent. I am familiar wil    | h and accept the obligations of the position.  |  |

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:<br>X Change       | <u>PT</u>    | John Doc      |                         |
|----------------------------|--------------|---------------|-------------------------|
| X Remove                   | <u>v</u>     | Mike Jones    |                         |
| X Add                      | <u>sv</u>    | Sally Smith   |                         |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u>   | <u>Addres</u> s         |
| 1) Change                  | P            | JOSE FUGUET   | 3055 NW 84TH AV SUITE 1 |
| Add                        |              |               | DORAL FL 33122          |
| X Remove                   |              |               |                         |
| 2) Change                  | VP           | ADRIANA ROJAS | 3055 NW 84TH AV SUITE 1 |
| Add                        |              | ,             | DORAL FL 33122          |
| X<br>Remove                |              |               |                         |
| 3 ) Change                 | P            | CUICUI GUO    | 3055 NW 84TH AV SUITE 1 |
| X Add                      |              |               | DORAL FL 33122          |
| Remove                     |              |               | <del></del>             |
| 4) Change                  |              | _             | · ·                     |
| Add                        |              |               |                         |
| Remove                     |              |               |                         |
| 5) Change                  | <del></del>  |               | _                       |
| Add                        |              |               |                         |
| Remove                     |              |               |                         |
| 6) Change                  |              |               |                         |
| Add                        |              | <del></del>   |                         |
| Remove                     |              |               |                         |

| E. II amending or a<br>(Attach additional) | <mark>adding additional Arti</mark><br>ul sheets, if necessary). | icles, enter change<br>(Be specific)   | e(s) here:            |                      |               |
|--|--|--|-----------------------|----------------------|---------------|
| N/A  |  |  |                       |                      |               |
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|  |  |  |                       |                      |               |
| F. If an amendmei                          | nt provides for an excl  | nange, reclassifica                    | tion, or cancellation | on of issued shares, |               |
| provisions for                             | implementing the ame<br>licable, indicate N/A)                   | ndment if not con                      | tained in the ame     | ndment itself:       |               |
| N/A  | icanie, inalcale WA)   |  |                       |                      |               |
|  | <u> </u>   |  | . <u> </u>            |                      |               |
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|  |  |  |                       |                      |               |

| The date of each amendment(s) ac   | 07/29/2016<br>loption:  | , if other than       |
|--|---|-----------------------|
| date this document was signed.   |   | <del></del>           |
| 7/29. Effective date if applicable:                                      | /2016   |                       |
| Effective date it applicable.  | (no more than 90 days after amendment file date)  |                       |
| Note: If the date inserted in this b document's effective date on the De | lock does not meet the applicable statutory filing requirements, this date we partment of State's records.                                  | vill not be listed as |
| Adoption of Amendment(s)   | (CHECK ONE)   |                       |
| ☐ The amendment(s) was/were add<br>by the shareholders was/were su       | pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.  |                       |
|  | roved by the shareholders through voting groups. The following statement 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)  |                       |
|  | (voting group)  |                       |
| action was not required.   | epted by the board of directors without shareholder action and shareholder  |                       |
| action was not required.   | pted by the incorporators without shareholder action and shareholder  |                       |
| 07/29/2016   |   |                       |
| Dated  |   |                       |
| Signature  | (P " P )  |                       |
|  | irector, president or other officer – if directors or officers have not been  |                       |
|  | d, by an incorporator - if in the hands of a receiver, trustee, or other court  |                       |
| appoin   | led fiduciary by that fiduciary)  |                       |
|  | CW CW CW  |                       |
|  | (Typed or printed name of person signing)   | <u> </u>              |
|  | (*) her or himse name or herson nighting)   |                       |
|  | PRESIDENT   |                       |
|  | (Title of person signing)   |                       |