P 15 0000 25381

(Re	questor's Name)	
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
		
Special Instructions to	Filing Officer:	
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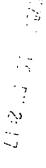


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COVER LETTER

Division of Corporations NAME OF CORPORATION: NCY BIOS CORPORATION DOCUMENT NUMBER: P15000025381 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Neil Yorio Name of Contact Person NKOM SCIENTIFIC CORPORATION Firm/ Company 211 Wimico Drive Address Indian Harbour Beach FL 32937 City/ State and Zip Code neil.yorio@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Neil Yorio at (321) 501-8420
Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to **Articles of Incorporation**

NCY BIOS CORPORATION		10 00 0. 17
(Name of Corporation as curren	itly filed with the Florida I	Dept. of State)
P15000025381		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporatio	n adopts the following amendment(
A. If amending name, enter the new name of the corporation:		
NKOM SCIENTIFIC CORPORATION		The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A	A professional corporation	ed" or the abbreviation "Corp.,"
3. Enter new principal office address, if applicable:	211 WIMICO DRIVE	
Principal office address <u>MUST BE A STREET ADDRESS</u>)	INDIAN HARBOUR	BEACH
	F1. 32937	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	211 WIMICO DRIVE	
<u></u>	INDIAN HARBOUR BEACH	
	FL 32937	
D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office address Name of New Registered Agent NA		name of the
(Florida .	street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Age hereby accept the appointment as registered agent. I am familia	nt: r with and accept the obliga	tions of the position.
Signature of New	Registered Agent, if changi	ng
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11)	I) (e), F.S.	

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 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	V	KAREN YORIO	211 Wimico Drive
X Add			INDIAN HARBOUR BEACH
Remove			FL 32937
2) Change	D	OWEN YORIO	211 Wimico Drive
X Add			INDIAN HARBOUR BEAXH
Remove 3) Change			FL 32937
Add			
Remove			
4) Change			
A dd			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
//A	
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	trainer a not contained to the union of the container of
/A	

. .

. . . .

	option:, if other th
date this document was signed.	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
	(no more than 90 days after amenament file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adop action was not required.	oted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suff	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
must he separately provided for e	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s): or the amendment(s) was/were sufficient for approval
by	(voting group)
7/13/2020 Dated	
<u> </u>	last
Signature	
	ector, president or other officer – if directors or officers have not been
	by an incorporator – if in the hands of a receiver, trustee, or other court diduciary by that fiduciary)
ŀ	NEIL YORIO
-	(Typed or printed name of person signing)
τ	PRESIDENT
1	