## PI 5000037270

	Requestor's Name)			
(Address)				
	(Address)			
	(City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(	(Business Entity Name)			
	(Document Number)			
Certified Copies	Certificates of Status			
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## COVER LETTER

**TO:** Amendment Section Division of Corporations

\*

NAME OF CORPO	RATION: Nexion Bioscience	es Inc	
DOCUMENT NUMI	P15000037270		<u> </u>
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Christopher Lopez		
		Name of Contact Person	
	<u> </u>	Firm/ Company	
	23603 W Fernhurst Drive, St	te 2104	
		Address	
	Katy Texas 77494		
		City/ State and Zip Code	
cio@	nexionbiosciences.com		
	E-mail address: (to be us	sed for future annual report i	notification)
For further informatio	n concerning this matter, pleas	se call:	
Christopher Lopez		at ( <u>407</u>	718-3657
Name	of Contact Person	Area Coo	le & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depai	rtment of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amendi Division Clifton	Address  nent Section  n of Corporations  Building  secutive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Nexion Biosciences Inc.

Nexion biosciences me	<del></del>	<del></del>		· · ·
<del></del>	of Corporation as currently	<u>filed with the Florida Der</u>	pt. of State)	
P15000037270				
	(Document Number of C	Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006. Florida Statutes, this Fi	orida Profit Corporation :	adopts the following am	endment(s) to
A. If amending name, enter the new na	ame of the corporation:			
			The	new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "C	o". A professional corpoi	porated" or the abbre	viation
B. Enter new principal office address, (Principal office address MUST BE A S				
C. Enter new mailing address, if appl (Mailing address MAY BE A POST				
				<del></del> _
				<del></del>
D. If amending the registered agent an new registered agent and/or the new		ss in Florida, enter the na	ime of the	
new registered agent and/or the ne	Christopher Lopez			
Name of New Registered Agent				
	121 S Orange Avem Ste 150	0		
	(Florida stree	ı address)		
New Registered Office Address:	Orlando		. Florida- 532801 ≥	
- Construction of the Cons	((	Tity)	(Zij=Gode)	Times Times
New Registered Agent's Signature, if c			ကူဆို ဟို ကုန်	l Little
I hereby accept the appointment as regist		h and accept the obligation	ns of the position \	
	Signature of New Res	gistered 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 Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	<u>nes</u>	
<u>X</u> Add	<u>sv</u>	Sally Sm	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		<del></del>		
Add				
Remove				
2) Change		_	<del></del>	
Add				
Remove				
3 ) Change				
Add				
Remove				
4) Change		<del></del>		
Add				
Remove				
5) Change				
Add	<u> </u>	<del>-</del>		
Remove				
6) Change		_		
Add				
Remove				

(Attach addition	r adding additional Articles, enter change(s) here: nal sheets, if necessary). (Be specific)
<u> </u>	
	<del></del>
provisions fo (if not ap)	ent provides for an exchange, reclassification, or cancellation of issued shares, r implementing the amendment if not contained in the amendment itself: plicable, indicate N/A)
article IV Shres t	o change the number of stock allowed: 70,000,000 Common Shares is hereby Authorized to be issued
	10,000,000 Preferres Shares is hereby Authorized to be issued

•	01/01/2018	
The date of each amendment(s) acd the this document was signed.	option:	_, if other than th
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this be document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will partment of State's records.	not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
02/9/2018 Dated	last.	<del></del>
selecte	rector, 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 ted fiduciary by that fiduciary)	
	Clayton Yates	
	(Typed or printed name of person signing)	
	CEO	
	(Title of person signing)	

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: Nexion Bioscience	s Inc				
	BER: P15000037270					
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
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	Christopher Lopez					
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	23603 W Fernhurst Drive, St	e 2104				
		Address				
	Katy Texas 77494					
		City/ State and Zip Code				
cio@	gnexionbiosciences.com					
		sed for future annual report r	notification)			
For further information	on concerning this matter, pleas	se call:				
Christopher Lopez		at (	718-3657			
Name of Contact Person		Area Cod	le & Daytime Telephone Number			
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□ \$35 Filing Fee	☐S43.75 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)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amendi Division Clifton 2661 E:	Address ment Section n of Corporations Building secutive Center Circle ssee, FL 32301			