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COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPO	RATION: KodoMed, Inc.		
DOCUMENT NUM	BER: P150 000 92986	-	
The enclosed Articles	of Amendment and fee are s	ubmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	Claude St Jean		
	·	Name of Contact Perso	in
	KodoMed, Inc.		
		Firm/ Company	
	5401 West Kennedy Blvd.	suite 100	
		Address	
	Tampa, Florida 33609		
		City/ State and Zip Cod	le
info@)kodomed.com		
	E-mail address: (to be u	sed for future annual report	notification)
For further information	a concerning this matter, plea	se call:	
Claude St Jean		at (422-7598
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
☐ \$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)
Ame Divis P.O.	Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301		lment Section on of Corporations Building xecutive Center Circle

Articles of Amendment to Articles of Incorporation of

FILED

2018 AUG 10 AM 11: 00

KodoMed, Inc. (Name of Corporation as currently filed with the Florid P150 000 92986 (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: N/A 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." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (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 N/A (Florida street address) New Registered Office Address: (City) 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. 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.

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>	Address
1) Change	P	Marlene Joseph	5401 West Kennedy Blvd
x Add			Suite 100
Remove			Tampa, Florida 33609
2) X Change	VP	Sabine Pierre	5401 W Kennedy Blvd.
Add		 "-	Suite 100
Remove			Tampa, Florida 33609
3) Change	VP	Rochard, Powell R	5401 W K4ennedy Blvd.
Add			Suite 100
X Remove			Tampa, Florida 33609
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
ර) Change			
Add			
Pamoua			

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)		(Be specific)			
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The date of each amendment(s date this document was signed.	adoption:	, if other than the
_	8-08-2018	
Enecuve date <u>ii applicame</u> .	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	ı
	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	
- "		
(By a selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver trustee, or other court inted fiduciary by that fiduciary)	
	Claude St Jean	
	(Typed or printed name of person signing)	
	(Title of person signal)	
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