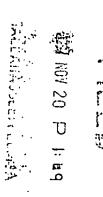
P17000041763

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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: BIOMEED INC DOCUMENT NUMBER: P17000041763 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: PAUL FRANSON Name of Contact Person **LEDGERPLUS** Firm/ Company 150 SOUTH UNIVERSIT DRIVE, SUITE C Address PLANTATION, FLORIDA 33324 City/ State and Zip Code PFRANSON@LEDGERPLUS.COM E-mail address: (to be tised for future annual report notification) For further information concerning this matter, please call: PAUL FRANSON Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □S43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy

enclosed)

Mailing Address

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

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(Additional Copy is enclosed)

Articles of Amendment to Articles of Incorporation of

BIOMEED, INC.	L.	
(Name o	f Corpor	ation as currently filed with the Florida Dept. of State)
P17000041763		,
	(D oc	ument Number of Corporation (if known)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Fl ö i	ida Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	me of the	corporation:
		The new
name must be distinguishable and cont "Corp" "Inc.," or Co.," or the design word "chartered," "professional associa	tain the vation "Go tion," or t	ord "corporation," "company," or "incorporated" or the abbreviation pp," "Inc." or "Co". A professional corporation name must contain the he abbreviation "P.A."
B. Enter new principal office address,		
(Principal office address <u>MUST BE A S</u> C. Enter new mailing address, if appli (Mailing address <u>MAY BE A</u> POST)	cable:	
D. W Manufacture de la constant		
		tered office address in Florida, enter the name of the
new registered agent and/or the new Name of New Registered Agent		MELHEM
<u></u>	7 ROY	L PALM WAY UNIT 509
<u>New Registered Office Address</u> : New Registered Agent's Signature, if c	BOCA R	(Florida street address) ATON 33432
		(City) (Zip Code)
I hereby accept the appointment as regist	ered ages	I fam familiar with and accept the obligations of the position
D A	John	Mahan 197
UN	`\$ 	gnature of New Registered Agent, if changing

address of each Officer a (Attach additional sheets, Please note the officer/dir P = President; V= Vice I Executive Officer; CFO = held. President. Treasures Changes should be noted	and/or D if necess rector title President = Chief F r, Directo in the fol	irector being a ary) e by the first let ; T= Treasurel Financial Office or would be PTI lowing mannel	ded: er of the office title: S= Secretary; D= Director; TR= Tr If an officer/director holds more the Currently John Doe is listed as the F	lirector being removed and title, name, and ustee; $C = Chairman \ or \ Clerk; \ CEO = Chief an one title, list the first letter of each office and Mike Jones is listed as the V. There is should be noted as John Doe, PT as a Change,$
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	Name		<u>Addres</u> s
1) Change	p	CAS	EY HOMASEY	7 ROYAL PALM WAY #509
Add				BOCA RATON, FL 33432
x Remove				
2) Change	P	HA S	SAN MELHEM	658 NIMES ROAD
X Add				LOS ANGELES, CA 90077
Remove		<u> </u>		
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				

_ Remove

E. If amending or adding additional Art	ticles enter change(s) here:
(Attach additional sheets, if necessary).	(Be specific)
· · · · · · · · · · · · · · · · · · ·	
	l di
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	<u></u>
	
F. If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	<u>N</u>
	
-	
	(E) I

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
	no more than 90 days after amendment file date)
Note: If the date inserted in this block does not document's effective date on the Department of St	meet the applicable statutory filing requirements, this date will not be listed as the are seconds.
Adoption of Amendment(s) (CHE	EK ONE)
The amendment(s) was/were adopted by the sh by the shareholders was/were sufficient for ap	areholders. The number of votes east for the amendment(s) roval.
	percholders through voting groups. The following statement oup entitled to vote separately on the amendment(s):
"The number of votes cast for the amend	nent(s) was/were sufficient for approval
by	;;group)
☐ The amendment(s) was/were adopted by the boaction was not required.	ard of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the in action was not required.	orporators without shareholder action and shareholder
OCTOBER 25, 2017 Dated	
Signature S	
(By a director, preside selected, by an incorp appointed fiduciary b	or other officer – if directors or officers have not been orator – if in the hands of a receiver, trustee, or other court
	·
CASEY HOM	<u> </u>
(T ₃	ped or printed name of person signing)
PRESIDENT	<u></u>
	(Title of person signing)