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| Special Instructions to Filing Officer: | |
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SECRETARY OF STATE
TALLAHASSPE FLORING

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: PG BIOLOGIC, IN | IC. |
|--|--|
| DOCUMENT NUMBER: P17000054467 | |
| The enclosed Articles of Amendment and fee are sub | bmitted for filing. |
| Please return all correspondence concerning this mat | eter to the following: |
| SEVERINE GIANESE-PITT | MAN, ESQ. |
| | Name of Contact Person |
| GIANESE-PITTMAN, P.A. | |
| | Firm/ Company |
| 100 N. BISCAYNE BLVD. | |
| | Address |
| MIAMI, FL 33132 | |
| | City/ State and Zip Code |
| SGIANESE@SGPITTMAN.COM | |
| E-mail address: (to be us | sed for future annual report notification) |
| For further information concerning this matter, pleas SEVERINE GIANESE-PITTMAN, ESQ. | |
| | |
| Name of Contact Person | Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount made p | payable to the Florida Department of State: |
| \$35 Filing Fee \$\times \text{\$43.75 Filing Fee & Certificate of Status}\$ | □\$43.75 Filing Fee & □\$52.50 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 | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |

Articles of Amendment to Articles of Incorporation of

| PG BIOLOGIC, INC. | | | | | | |
|--|-----------------------|------------------------|-----------------------|-------------|-------------|-----------|
| (Name of Corpor | ation as currently | filed with the Flori | da Dept. of State) | | | |
| P17000054467 | | | | | | |
| (Doc | cument Number of | Corporation (if know | /n) | | | |
| Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation: | rida Statutes, this F | Iorida Profit Corpoi | ration adopts the fo | llowing a | mendr | nent(s) t |
| A. If amending name, enter the new name of the | corporation: | | | | | |
| | | | | Т | he ne | ew |
| name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or t | orp," "Inc," or "C | Co". A professional | | | | |
| B. Enter new principal office address, if applica | | | | | | - |
| (Principal office address <u>MUST BE A STREET A</u> | (DDRESS) | | | | | _ |
| | | | | | | |
| | | | | | | • |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) | BOX) | | | | | _ |
| | | | | | | _ |
| | | | | D 46 | | - : |
| | | | _ ; | | > | - : |
| D. If amending the registered agent and/or regis | | | the name of the | A A | ر ا | |
| new registered agent and/or the new register | red office address: | | • | | 2 | |
| Name of New Registered Agent | | | | 100 | ₹. | يِّ ت |
| | | | | 0.5 | F | 1 \$ |
| | (Florida stre | et address) | *, i * | | 29 | |
| New Registered Office Address: | | | , Florida | | | _ |
| | (| City) | | (Zip Cod | de) | |
| | | | P2 | | | |
| New Registered Agent's Signature, if changing I | Registered Agent: | | | | | |
| I hereby accept the appointment as registered agen | nt. I am familiar w | ith and accept the of | bligations of the pos | sition. | | |
| | | | | | | |
| | | | | | | |
| S | Signature of New Re | egistered Agent, if ch | anging | | | |

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 Doe | |
|-------------------------------|--------------|-----------------|--------------------------|
| X Remove | Y | 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 | S | NADIA CEBAN | 201 178 DRIVE |
| X Add | | - | APT 508 |
| Remove | | | SUNNY ISLES, FL 33160 |
| 2) Change | VP | DENIS REGAZZONI | 48 IMPASSE DES MESSUGUES |
| X Add | | - | 83340 |
| Remove | | | LE CANNET-DES-MAURES |
| 3) Change | | ••• | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| Attach additional sheets, if necessary). | icles, enter change(s) here: (Be specific) | | |
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| f an amendment provides for an exc | hange, reclassification, or c | ancellation of issued shares | 1 |
| provisions for implementing the ame | hange, reclassification, or cendment if not contained in | ancellation of issued shares the amendment itself: | 1 |
| f an amendment provides for an exc provisions for implementing the ame (if not applicable, indicate N/A) | hange, reclassification, or cendment if not contained in | ancellation of issued shares the amendment itself: | 1 |
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| provisions for implementing the ame | hange, reclassification, or cendment if not contained in | ancellation of issued shares the amendment itself: | |

| The date of each amendment(s) addate this document was signed. | loption:, if other | than the |
|---|--|-----------|
| Effective date if 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 will not be list partment of State's records. | ed as the |
| 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) 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) | |
| ☐ The amendment(s) was/were add action was not required. | pted by the board of directors without shareholder action and shareholder | |
| The amendment(s) was/were add action was not required. | pted by the incorporators without shareholder action and shareholder | |
| 08/17/2017 | | |
| Dated | Epitoles - | |
| (By a d | 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 ted fiduciary by that fiduciary) | |
| | FRANCK LEPIZZERA | |
| | (Typed or printed name of person signing) | • |
| | PRESIDENT | |
| | (Title of person signing) | • |