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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	ATION: KG THERAPEUT	IC SERVICES, INC.	
	ER:		
The enclosed <i>Articles o</i>	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
Į.	BART HOUSTON		
_	· · ·	Name of Contact Person	1
ŀ	IOUSTON FIRM, P.A.		
_	···	Firm/ Company	
i	401 E. BROWARD BLVD,	SUITE 201	
_		Address	
F	FT. LAUDERDALE, FL 333	01	
_		City/ State and Zip Cod	e
BHOU	STON@THLGLAW.COM		/
	E-mail address: (to be us	sed for future annual report	
For further information BART HOUSTON	concerning this matter, pleas	se call: at (Area Co	900-2615
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made		
S35 Filing Fee	☐\$43.75 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)
Amer Divis P.O.	ing Address idment Section ion of Corporations Box 6327 hassee, FL 32314	Ameno Divisio Cliftor 2661 E	Address Innent Section on of Corporations i Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

KG THERAPEUTIC SERVICES, INC.

(Name of Corporation as currently	filed with the Florida Dept. of State)	
18000013021		
(Document Number of)	Corporation (if known)	
arsuant to the provisions of section 607.1006 , Florida Statutes, this F Articles of Incorporation:	Torida Profit Corporation adopts the following amendme	int(s)
. If amending name, enter the new name of the corporation:		
	The new	
ime must be distinguishable and contain the word "corporation, Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "C ord "chartered," "professional association," or the abbreviation "I	o". A professional corporation name must contain the	
. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)		
	. Bes 	
	-2 1	1
. Enter new mailing address, if applicable:		-
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	_ 	:
)
	<u> </u>	
. If amending the registered agent and/or registered office addre	ess in Florida, enter the name of the	
new registered agent and/or the new registered office address:		
Name of New Registered Agent		
(Elwida ett.)	et address)	
ir unua me		
New Registered Office Address:	, Florida	

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	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	P	MARK KIESS	5520 SW 3RD STREET
Add			PLANTATION, FL 33317
Remove			
2) Change		-	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f 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)	ich additional sheets, if necessary)	cles, enter change(s) here: (Be specific)
provisions for implementing the amendment if not contained in the amendment itself:		
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provisions for implementing the amendment if not contained in the amendment itself:	n amendment provides for an excha	ange, reclassification, or cancellation of issued shares.
(if not applicable, indicate N/A)	ovisions for implementing the amen	ndment if not contained in the amendment itself:
	(if not applicable, indicate N/A)	

	2.7.2018	
The date of each amendment(s) a	doption:	if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 96 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will ne epartment of State's records.	or be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendmentss:	
	for the amendment(s) was were sufficient for approval	
hy	(Voting group)	
,	(voting group)	
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder	
action was not required.	the the theorporators without state to the authorities action and state to the	
5/1/2018 Dated		
TARCCI		
Signature		
selecto	director, president or other officer - if directors or officers have not been ed, by an incorporator - if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
	MARGALET EVENTER (Typed or primed name of person signing)	
		
	V.O President	
	(Title of person signing)	