P1800015907

(Re	equestor's Name)			
(Ac	ddress)			
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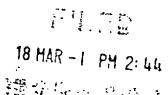
TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: HEALTH DERAM	M RESEARCH INC		
DOCUMENT NUMB	BER:			
The enclosed Articles	of Amendment and fee are se	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	MICHAEL WAPINSKY			
		Name of Contact Person	1	
		Firm/ Company		
	8634 NW 59TH PLACE			
	PARKLAND, FL 33067	Address		
		City/ State and Zip Cod	e	
MAR	C1040@AOL.COM			
	E-mail address; (to be u	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:		
MICHAEL WAPINS	KY	954	752-3889	
Name (of Contact Person	at (954) 752-3889 Area Code & Daytime Telephone Num		
Enclosed is a check for	r 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)	
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

Articles of Incorporation of



HEALTH DERMA RESEARCH INC

TEALTH DERMA RESEARCH INC	
(Name of Corporation	n as currently filed with the Florida Dept. of State
P18000015907	
(Docume	ent 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 cor	poration:
	Thenew
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp., word "chartered," "professional association," or the a	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the bbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD)	
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>	9
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Vanua of Van Projetana decort	
Name of New Registered Agent	
	(Florida street address)

New Registered Office Address:	(City) , Florida (Zip Code)
	, , , , , , , , , , , , , , , , , , ,
New Registered Agent's Signature, if changing Regis	stored Avent
Thereby accept the appointment as registered agent. If	am familiar with and accept the obligations of the position.
Signa	ture 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 = Chairmon 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	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	SEC	CYNTHIA FRIEDMAN	8634 NW 59TH PLACE
X Add			PARKLAND, FL 33067
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			·
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	-		
Add			
Remove			

Attach a	dditional shee	ets. if necessary,). (Be specific	nange(s) here:			
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lf an am	iendment pro	ovides for an ex	change, reclas:	sification, or ca	ncellation of iss	ued shares,	
provisi	ons for imple	ementing the an	nendment if no	t contained in t	he amendment	itself:	
(if i	not applicable	e, indicate N/A)					
							
			· · · · · · · · · · · · · · · · · · ·				
			 				
				 			
							

The date of each amendment date this document was signed		, if other than the
date this document was signed	02-15-18	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes east for the amendmere sufficient for approval.	ent(s)
	re approved by the shareholders through voting groups. The following started for each voting group entitled to vote separately on the amendment(s):	tement
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and sharel	nolder
·	re adopted by the incorporators without shareholder action and shareholde	er
Dated	-2018 My 4, 1	
(1 s	By a director, president or other officer – if directors or officers have not be elected, by an incorporator – if in the hands of a receiver, trustee, or other ppointed fiduciary by that fiduciary)	
	MICHAEL WAPINSKY	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	