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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	ATION: HEALTH DERMA	A RESEARCH INC	<u></u>		
DOCUMENT NUME	P18000015907				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	MICHAEL WAPINSKY	,			
,	Name of Contact Person				
		Firm/ Company			
	2705 NE 3RD AVE				
		Address			
	OCALA, FL 34470				
		City/ State and Zip Code	2		
mare	040@aol.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	n concerning this matter, pleas	se call:			
MICHAEL WAPINSKY		at (954	752-3889		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	irtment of State:		
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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Ameno Divisio	Address Iment Section on of Corporations Building		

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

HEALTH DERMA RESEARCH INC

•

(Name of Corporation as currently file	d with the Florida Dept. of State)		
P18000015907			
(Document Number of Corp	ooration (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> ts Articles of Incorporation:	da Profit Corporation adopts the following	g amendn	nent(s) t
A. If amending name, enter the new name of the corporation:			
	 	_The ne	
name must be distinguishable and contain the word "corporation," " "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". word "chartered," "professional association," or the abbreviation "P.A."	A professional corporation name must of		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			-
			-
	The state of the s	6	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u></u>	· >-	
	Į. P. S.	. 3ŏ	1
-		- 6	- [
	<u> </u>	* 124	
	[5]	. <u>.</u>	
 If amending the registered agent and/or registered office address in new registered agent and/or the new registered office address: 	Florida, enter the name of the	· 17	
	> -	က	
Name of New Registered Agent	,		
		-	
(Florida street ad	dress)		
New Registered Office Address:	, Florida		_
(City)	(Zip C	(ode)	
New Registered Agent's Signature, if changing Registered Agent:			
hereby accept the appointment as registered agent. I am familiar with a	nd accept the obligations of the position.		
	, , ,		
Signature of New Regista	ered 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.

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
Add	-		PARKLAND, FL 33067
X Remove			-
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	ticles, enter change(s) h (Be specific)			
·				
				
<u> </u>			<u>. </u>	_
				
				
				 .
				
				
f an amendment provides for an exc provisions for implementing the am	hange, reclassification	or cancellation of	issued shares,	
(if not applicable, indicate N/A)	chament ii not contain	ed in the amendme	it useu.	
(3 ald and mare 1.111)				
(y spyrressive, material (mr)				
Cy approxime, material (mil)				
Cy approxime, material (mil)				

	04-23-2018	
The date of each amendment date this document was signed.		, if other than the
mee at the second second	04-23-18	
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, this date ne Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement of for 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)	
, 1	(voting group)	
☐ The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
04-23	-18	
Dated	A_{α}	
Signature	wa director, president or other officer – if directors or officers have not been	
	elected, by an incorporator – if in the hands of a receiver, trustee, or other court	
	ppointed fiduciary by that fiduciary)	
	MICHAEL WAPINSKY	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	