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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: ARMAS PHARM	ACEUTICALS INC.	
DOCUMENT NUMBI	P18000057723		
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
J	EFFREY SHERMAN, ES	Q.	
_		Name of Contact Person	1
_		Firm/ Company	<u></u>
3	8874 TAMPA ROAD		
_		Address	
(	OLDSMAR, FL 34677		
_	· ··	City/ State and Zip Code	2
SHRM	LW@CS.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
JEFFREY SHERMAN		813 ai (	855-0700
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	irtment of State:
\$35 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  Tallabassee, FL 32314		Amend Divisio Clifton	Address ment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



ARMAS PHARMACEUTICALS INC.

(Name of Corporation as currently	TALE TARY CO.
P18000057723	TALLAHASSEE FATE
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	
	<del></del>
D. If amending the registered agent and/or registered office address	s in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida strev.	address)
New Registered Office Address:	, Florida
(C	ity) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations of the position.
C' . CN n	Samuel 4 and Walter with
Signature of New Reg	istered 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>РТ</u>	John Do			
X Remove	V	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s	
1) Change	S/D		STEVEN J. ESPOSITO	3874 TAMPA ROAD	
Add				OLDSMAR, FL 34677	
X Remove					
2) Change					
Add					
Remove					
3 ) Change					
Add				1.11 = 91	
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
0					
6) Change		<del></del>			
Add					
Remove					

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eclassification,	or cancellation o	f issued shares,	
. 11 not containe	u in the amenum	ient useu:	
		_	
		*** *	
	reclassification,	reclassification, or cancellation o	reclassification, or cancellation of issued shares, tif not contained in the amendment itself:

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 meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	e will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	ı
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statemen must be separately provided for each voting group entitled to vote separately on the amendment(s):	11
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated8/21/8	
Signature AMM	
(By a director, president or other officer – if directors or officers have not been selected, (by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
Jeffrey Sherman (Typed or printed name of person signing)	
(Typed or printed name of person signing)	· · · · · · · · · · · · · · · · · · ·
Ircorporator (Title of person signing)	
(Title of person signing)	

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