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R. WHITE SEP 13 2018



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR.	ATION: CHIRON & ASSO	OCIATES INC	
DOCUMENT NUMB	P18000069873		
		and the filing	
The enclosed Articles of	f Amendment and fee are sub	muca for rung.	
Please return all corresp	oondence concerning this mat	ter to the following:	
E	EMILIANO POTENZONI		
_		Name of Contact Person	1
-		Firm/ Company	
	12651 S. DIXIE HWY, STE	321	
•	· · · · · · · · · · · · · · · · · · ·	Address	
1	MIAMI, FL 33156		
-		City/ State and Zip Code	•
NANC	POTENZONI@YAHOO.C		
	E-mail address: (to be us	ed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
EMILIANO POTNZO	NI	786 at (de & Daytime Telephone Number
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	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)
Ame Divi P.O.	ing Address Indiment Section Ission of Corporations Box 6327 Ishassee, FL 32314	Amenc Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

FILED

CHIRON & ASSOCIATES, INC. (Name of Corporation as currently filed with the Florida Dente of State OF STATE P18000069873 (Document 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 corporation: QUIRON CORP. name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 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 MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) , Florida New Registered Office Address: _ (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature 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 = 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	
		Sally Smith	
X Add	<u>SV</u>		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
(Charms			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)				
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			ion oi issucu su	arcs.	
If an amendment provides for an exch	ange, reclassifica	tained in the am	endment itself:	<u> </u>	
provisions for implementing the ame	ange, reclassifica ndment if not con	tained in the ame	endment itself:		
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassifica ndment if not con	tained in the ame	endment itself:		
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provisions for implementing the ame	ange, reclassifica ndment if not con	tained in the amo	endment itself:		

The date of each amendment(s) adopt	ion:, if other than
late this document was signed.	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
	(no more than 90 days after amenament file date)
Note: If the date inserted in this block locument's effective date on the Depart	does not meet the applicable statutory filing requirements, this date will not be listed as ment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
■ The amendment(s) was/were adopted by the shareholders was/were suffici	by the shareholders. The number of votes cast for the amendment(s) ent for approval.
☐ The amendment(s) was/were approve must be separately provided for each	ed by the shareholders through voting groups. The following statement h voting group entitled to vote separately on the amendment(s):
"The number of votes cast for t	he amendment(s) was/were sufficient for approval
by	(voting group)
,	(voting group)
☐ The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted action was not required.	I by the incorporators without shareholder action and shareholder
SEPTEMBER	5,2018
Dated	
Si	
selected, b	tor, president or other officer – if directors or officers have not been y an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)
EM	IILIANO POTENZONI
	(Typed or printed name of person signing)
PR	ESIDENT, DIRECTOR
	(Title of person signing)