P18 UDDO 73741

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL.
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Certified Copies	_ Certificates	s of Status
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Letter Number: 220A00007768

April 13, 2020

JODI RONEN 5481 WILES RD STE 502 COCONUT CREEK, FL 33073

SUBJECT: RETROVIRAL, INC Ref. Number: P18000073741

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Moore Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: RETROVIRAL, IN	∛C	
DOCUMENT NUME			
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	JODI RONEN		
		Name of Contact Perso	n
	JG CONSULTING SERVICE	ES, LLC	
	· · · · · · · · · · · · · · · · · · ·	Firm/ Company	
	5481 WILES RD STE 502		
		Address	· · · · · · · · · · · · · · · · · · ·
_	COCONUT CREEK, FL 330	773	
		City/ State and Zip Coo	le
	JODI@ACCU-TAX,TAX		
	E-mail address: (to be us	sed for future annual repor	t notification)
For further information	a concerning this matter, pleas	se call:	
JODI RONEN		754	220-8270
Name o	of Contact Person	Area Ce) 220-8270 ode & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Dep	sartment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi. P.O.	ling Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Amen Divisi The C 2415	Address dment Section on of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of

RETROVIRAL, INC.

its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The name must be distinguishable and contain the word "corporation." "company," or "incorporated" or the abbreviation "Cor" Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the wind "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) STE 502 COCONUT CREEK, FL 33073 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) STE 502 COCONUT CREEK, FL 33073	ent Number of Corporation (if known) Statutes, this Florida Profit Corporation adopts the following amendment(s) rporation: The new reporation, ""company, "or "incorporated" or the abbreviation "Corp., "or "Co". A professional corporation name must contain the word diation "P.A." 5481 WILES RD RESS) STE 502 COCONUT CREEK, FL 33073 STE 502 COCONUT CREEK, FL 33073	(Document Number of Corporation (if known) arsuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(se Articles of Incorporation: If amending name, enter the new name of the corporation: The new amenust be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," a professional corporation name must contain the word chartered, "professional association," or the abbreviation "P.A. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS (STE 502) Enter new mailing address, if applicable: (Mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) STE 502 COCONUT CREEK, FL 33073 STE 502 COCONUT CREEK, FL 33073					
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amend its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The mame must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corporation," 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) STE 502 COCONUT CREEK, FL 33073 COCONUT CREEK, FL 33073 COCONUT CREEK, FL 33073 COCONUT CREEK, FL 33073	Statutes, this Florida Profit Corporation adopts the following amendment(s) rporation: The new reporation, ""company, "or "incorporated" or the abbreviation "Corp., "or "Co". A professional corporation name must contain the word diation "P.A." 5481 WILES RD STE 502 COCONUT CREEK, FL 33073	(Document Number of Corporation (if known) arsuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s Articles of Incorporation: If amending name, enter the new name of the corporation: The new with memory of Co.," or the designation "Corp.," "Inc." or "Co". A professional corporation name must contain the word harriered," "professional association," or the abbreviation "P.A." Enter new principal office address, if applicable: trincipal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) STE 502 COCONUT CREEK, FL 33073 Enter new mailing address if applicable: (Mailing address MAY BE A POST OFFICE BOX) STE 502 COCONUT CREEK, FL 33073 Enter new registered agent and/or the new registered office address in Florida, enter the name of the new registered Agent Mame of New Registered Agent JG CONSULTING SERVICES, LLC 5481 WILES RD STE 502 (Florida street address) COCONUT CREEK Florida Florida Social Agents Florida Social Agents Florida Social Agents Agents COCONUT CREEK Florida Florida Social Agents COCONUT CREEK Florida		of Corporation as curren	tly filed with the Florida Dept. of State)		
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	Florida 5,5075		<u></u>			Code)	
	. Florida		ow Pagistarad Agent's Signature if a	hanging Projectored 4			
lay Dagistarad Agant's Signature, if changing Dagistarad Agant.	(City) (Zip Code)	ny Pagistarad Agont's Signature, if abanging Pagistarad Agont.				l.	
	. Florida (City) (Zip Code)			10 Popon	J		
New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	. Florida (City) (Zip Code)			Signature of New	Registered Agent, if changing	_	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	DT	Luha Dasa	
	<u>PT</u>	John Doe	
X Remove	V	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	ST	JODI RONEN	5481 WILES RD STE 502
X Add			COCONT CREEK, FL 33073
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
P. amara			

amending or adding additional Arti ttach additional sheets, if necessary).	(Be specific)
	
·	
an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	, <u></u>

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The date of each amendment(s) adoption:	, if other than
date this document was signed.	
Effective date if applicable:	-
Effective date <u>if applicable</u> : (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 document's effective date on the Department of State's records.	s, this date will not be listed as
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareho action was not required.	older action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the ame by the shareholders was/were sufficient for approval.	endment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
Signature (By a director, president or other officer – if directors or officers have no	
selected, by an incorporator – if in the hands of a receiver, trustee, or o appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Title of person signing)	

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