## P18000094295

| (Requestor's Name)                      |
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August 10, 2023

christian sanchelima, esq 235 SW LE JEUNE ROAD MIAMI, FL 33134

SUBJECT: STUDYPROTOCOL.IO INC.

Ref. Number: P18000094295

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

Please ensure that you sign the last page.

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.

Morgan E Lovett Regulatory Specialist II

Letter Number: 723A00018155

## **COVER LETTER**

TO: Amendment Section Division of Corporations

| NAME OF CORPOR               | RATION: StudyProtocol.io   | Inc.   |   |          |
|------------------------------|--|--|---|----------|
| DOCUMENT NUMI                | P1800000.1205  |  |   |          |
| The enclosed Articles        | of Amendment and fee are si  | abmitted for filing.   |   |          |
| Please return all corre      | spondence concerning this ma   | itter to the following:  |   |          |
|                              | Christian Sanchelima Esq.  |  |   |          |
|                              | <del></del>  | Name of Contact Perso  | on .  |          |
| Sanchelima & Associates P.A. |  |  |   |          |
|                              | Firm/ Company  |  |   |          |
|                              | 235 SW Le Jeune Road   |  |   |          |
| Address                      |  |  |   |          |
|                              | Miami "Florida , 33134   |  |   |          |
|                              |  | City/ State and Zip Cod  | le  |          |
| assist                       | @sanchelima.com  |  |   |          |
| <del></del>                  | E-mail address: (to be u   | sed for future annual report                                       | notification)   |          |
|                              |  |  |   |          |
| For further information      | n concerning this matter, pleas  | se call:   |   | to M     |
| Christian Sanchelima Esq.    |  | at ( 305   | 447-1617  | 2023 SEF |
| Name of Contact Person       |  |  | ode & Daytime Telephone Number  |          |
| Enclosed is a check for      | r the following amount made  | payable to the Florida Dens  | artment of State:   | 9        |
|                              | g  | pagasion to the Fronta Depi  | annen or oute.  | . Z      |
| ■ \$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)    | 17 E     |
| Ame<br>Divi:<br>P.O.         | ling Address endment Section sion of Corporations Box 6327 thassee, FL 32314 | Ameno<br>Divisio<br>Clifton<br>2661 E                              | Address Iment Section on of Corporations Building Executive Center Circle Essee, FL 32301 |          |

## Articles of Amendment to Articles of Incorporation of

| StudyProtocol.io Inc.   |   |
|---|---|
| (Name of Corporation as curren  | tly filed with the Florida Dept. of State)  |
| P18000094295  |   |
| (Document Number  | of Corporation (if known)   |
| Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:  | s Florida Profit Corporation adopts the following amendment(s   |
| A. If amending name, enter the new name of the corporation:   |   |
|   | The new   |
| name must be distinguishable and contain the word "corporate<br>"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or<br>word "chartered," "professional association," or the abbreviation | ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the |
| B. Enter new principal office address, if applicable:   | 13015 SW HITH AVENUE  |
| (Principal office address <u>MUST BE A STREET ADDRESS</u> )   | MIAMI, FL 33176   |
|   |   |
| 2. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)   | 75 MIRACLE MILE, UNIT 347341  |
|   | CORAL GABLES FL. 33234  |
| D. If amending the registered agent and/or registered office adenew registered agent and/or the new registered office address   | 56)   |
| Name of New Registered Agent  |   |
|   |   |
| (Florida s  | treet address) C  |
| New Registered Office Address:  | , Florida   |
|   | (City) (Zip Code)   |
| New Registered Agent's Signature, if changing Registered Agen   | 구설 (S   |
| 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                         |                                      |  |  |
| X Add                         | <u>sv</u> | Sally Smith                        |                                      |  |  |
| Type of Action<br>(Check One) | Title     | <u>Name</u>                        | <u>Addres</u> s                      |  |  |
| 1) Change                     | CEO       | CORVO, ENMANUEL, MR                | 1140 W 50TH ST SUITE 301             |  |  |
| Add                           |           |                                    | HIALEAH, FL 33012                    |  |  |
| X Remove                      |           |                                    |                                      |  |  |
| 2) Change                     | MBR       | PHARMA RESEARCH INTERNATIONAL, INC | 2279 GROVE DRIVE                     |  |  |
| Add                           |           |                                    | NAPLES, FL 34120                     |  |  |
| Remove                        |           |                                    |                                      |  |  |
| 3) X Change                   | CEO       | DIEP, FELIPE, MR.                  | 75 MIRACLE. MILE                     |  |  |
| Add                           |           |                                    | UNIT 347341  CORAL GABLES FL. 33234- |  |  |
| Remove                        |           |                                    | CORAL GABLES FL. 33234-              |  |  |
| 4) X Change                   | СРО       | CAUNEDO, JULIO                     | 75 MIRACLE. MILE 2                   |  |  |
| Add                           |           |                                    | UNIT 347341                          |  |  |
| Remove                        |           |                                    | CORAL GABLES FL. 33234               |  |  |
| 5) Change                     |           |                                    |                                      |  |  |
| Add                           |           |                                    |                                      |  |  |
| Remove                        |           |                                    |                                      |  |  |
| 6) Change                     |           |                                    |                                      |  |  |
| Add                           |           |                                    |                                      |  |  |
| Remove                        |           |                                    |                                      |  |  |

| ach additional sheets, if necessary). (Be specific)                                       |   |
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|   | J                                       |
| n amendment provides for an exchange, reclassification, or cancellation of issued shares, | - المار<br>شدا مر-                      |
| ovisions for implementing the amendment if not contained in the amendment itself:         | ,                                       |
| (if not applicable, indicate N/A)   | <br>: .                                 |
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| The date of each amendm                                 | ent(s) adoption:   | if other than th     |
|---|--|----------------------|
| date this document was sign                             | ned.   |                      |
| Effective date if applicabl                             | e:   |                      |
|   | (no more than 90 days after amendment file date)   |                      |
| Note: If the date inserted document's effective date of | in this block does not meet the applicable statutory filing requirements, this date will not the Department of State's records.  | not be listed as the |
| Adoption of Amendment(                                  | s) ( <u>CHECK ONE</u> )  |                      |
| The amendment(s) was/by the shareholders was            | were adopted by the shareholders. The number of votes cast for the amendment(s) /were sufficient for approval.   |                      |
| ☐ The amendment(s) was/must be separately prov          | were approved by the shareholders through voting groups. The following statement eided for each voting group entitled to vote separately on the amendment(s):  |                      |
| "The number of vo                                       | otes cast for the amendment(s) was/were sufficient for approval  |                      |
| by  | (voting group)   |                      |
|   | (voting group)   |                      |
| action was not required.                                | were adopted by the board of directors without shareholder action and shareholder were adopted by the incorporators without shareholder action and shareholder   |                      |
| Au  | gust 28,2023   |                      |
| Dated   | - Control of the cont |                      |
| Signature   |  |                      |
| o,g,marc  | (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)   | _                    |
|   | Christiasn J. Sachelima Esq.   |                      |
|   | (Typed or printed name of person signing)  |                      |
|   | Attorney   | 7653 S               |
|   | (Title of person signing)  | <u> </u>             |
|   |  |                      |
|   |  |                      |
|   |  | . <u>≃</u>           |