## P180000 97682

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| Certified Copies          | Certificate       | s of Status |
| Special Instructions to I |                   | , =,        |
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## COVER LETTER

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

| NAME OF CORPOR   | RATION: Galexa Inc.                         |  |  |  |
|--|---|--|--|--|
| DOCUMENT NUMI  | BER:  |  |  |  |
|  | of Amendment and fee are su                 | bmitted for filing.  |  |  |
| Please return all corres   | spondence concerning this ma                | tter to the following:   |  |  |
|  | Charles Ardezzone                           |  |  |  |
|  |   | Name of Contact Perso  | on .   |  |
|  | Galexa Inc.                                 |  |  |  |
|  |   | Firm/ Company  |  |  |
|  | 3506 Mercantile Ave                         | , ,  |  |  |
|  | Address                                     |  |  |  |
|  | Naples, Florida, 34104                      |  |  |  |
|  |   | City/ State and Zip Coo  | le   |  |
|  |   |  |  |  |
|  | cardezzone@galexaine.com                    |  |  |  |
|  | E-mail address: (to be us                   | sed for future annual repor  | t notification)  |  |
| For further information  | n concerning this matter, pleas             | sa call:   |  |  |
| ror turdier information  | n concerning this matter, pleas             | se can.  |  |  |
| Charles Ardezzone  |   | at ( <u>917 375 65</u>   | 27,  |  |
| Name of Contact Person   |   | Area Co  | ode & Daytime Telephone Number   |  |
| Enclosed is a check fo   | r the following amount made                 | payable to the Florida Dep   | partment of State:   |  |
| S35 Filling 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) |  |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 |   | Street Address  Amendment Section  Division of Corporations  The Centre of Tallahassee |  |  |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## **Articles of Amendment** to Articles of Incorporation $\mathbf{of}$

| Galexa Inc.   |  |                        |
|---|--|------------------------|
| (Name of Corporation as current   | tly filed with the Florida Dept. of State)         |                        |
| P18000097682  |  |                        |
| (Document Number  | of Corporation (if known)                          |                        |
| Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:   | s Florida Profit Corporation adopts the foll       | lowing 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," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A. | A professional corporation name must c             | viation "Corp.,"       |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )   |  |                        |
|   |  | 202                    |
| C. Enter new mailing address, if applicable:  |  | <del>-</del> :         |
| (Mailing address <u>MAY BE A POST OFFICE BOX</u> )  |  |                        |
|   |  | <u> </u>               |
|   |  | = -                    |
| D. If amending the registered agent and/or registered office address registered agent and/or the new registered office address  |  | 9: 26                  |
| Name of New Registered Agent  |  |                        |
|   |  |                        |
| (Florida st   | reet address)                                      |                        |
| New Registered Office Address:  | . Florida  |                        |
|   |  | (Zip Code)             |
|   |  |                        |
| New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar  | t:<br>with and accept the obligations of the posit | tion.                  |
|   |  |                        |
| Signature of New I  | 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.

| X Change                   | PT           | 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                  | VP           | Inglese, Paul      | 14538 Indigo Lake Circle      |
| Add                        |              |                    | Naples, FI 34119              |
| X Remove 2) Change         | VP           | Ardezzone, Charles | 1228 Commonwealth Circle #204 |
| X Add                      |              |                    | Naples, FL 34116              |
| Remove 3) Change           |              |                    |                               |
| Add                        |              |                    |                               |
| Remove                     |              |                    |                               |
| 4) Change                  |              |                    |                               |
| Add                        |              |                    |                               |
| Remove                     |              |                    |                               |
| 5) Change                  | <del></del>  |                    | <del></del>                   |
| Add                        |              |                    |                               |
| Remove                     |              |                    |                               |
| δ) Change                  |              |                    |                               |
| Add                        |              |                    |                               |
| Remove                     |              |                    |                               |

|   | rts, if necessary). | (Be specific)            |                            |                    |             |
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|   | vides for an exch   | ange, reclassifica       | <u>ition, or cancellat</u> | ion of issued shar | es,         |
| I <u>f an amendment pr</u> o                                      | menting the ame     | <u>ndment if not cor</u> | ntained in the amo         | endment itself:    |             |
| provisions for imple  | indicate N/4)       |                          |                            |                    |             |
| If an amendment pro<br>provisions for imple<br>(if not applicable | , indicate N/A)     |                          |                            |                    |             |
| provisions for imple  | indicate N/A)       |                          |                            |                    |             |
| <u>provisions for imple</u>                                       | . indicate N/A)     |                          |                            |                    |             |
| <u>provisions for imple</u>                                       | . indicate N/A)     |                          |                            |                    |             |
| <u>provisions for imple</u>                                       | . indicate N/A)     |                          |                            |                    |             |
| provisions for imple  | , indicate N/A)     |                          |                            |                    |             |
| <u>provisions for imple</u>                                       | . indicate N/A)     |                          |                            |                    |             |
| <u>provisions for imple</u>                                       | indicate N/A)       |                          |                            |                    |             |
| If an amendment pro<br>provisions for imple<br>(if not applicable | , indicate N/A)     |                          |                            |                    |             |
| provisions for imple  | indicate N/A)       |                          |                            |                    |             |

. . .

| The date of each amendment(s                                       | ) adoption:   | , if other than the                                      |
|--|---|--|
| date this document was signed.  8                                  | -4-2020   |  |
| Effective date <u>if applicable</u> :                              | (no more than 90 days after am  | andment file datas                                       |
|  | tho more than 90 days after am  | enament jue datei  |
| Note: If the date inserted in the document's effective date on the |   | filing requirements, this date will not be listed as the |
| Adoption of Amendment(s)   | ( <u>CHECK ONE</u> )  |  |
| The amendment(s) was/were action was not required.                 | adopted by the incorporators, or board of directo   | ors without shareholder action and shareholder           |
| ☐ The amendment(s) was/were by the shareholders was/were           | adopted by the shareholders. The number of votes sufficient for approval.                             | es cast for the amendment(s)                             |
|  | approved by the shareholders through voting gre-<br>for each voting group entitled to vote separately |  |
| "The number of votes c   | ast for the amendment(s) was/were sufficient for  | approval   |
| by   |   | ·"   |
|  | (voting group)  |  |
| 8-4-2020   | )   |  |
| Dated  | $\overline{\Omega}$   |  |
| Signature  | Merry   |  |
| (B)  | director, president or other officer - if directors   |  |
|  | cted, by an incorporator – if in the hands of a recointed fiduciary by that fiduciary)                | eiver, trustee, or other court                           |
|  | Charles Ardezzone   |  |
|  | (Typed or printed name of person  | signing)   |
|  | President   |  |
|  | (Title of person signing)   |  |