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EFFECTIVE DATE

JAN 1 2 2021 I ALBRITTON

COVER LETTER

TO: Amendment Section

Division of Corporations . . .

NAME OF CORPORATION: BIOSCIENCE PRO GRP
DOCUMENT NUMBER: 71900002129
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JENNIFER LAPIERRE Name of Contact Person
Firm/ Company
10980 DAX ST NE #4105
ST PETERSBURG FL 33716 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TENNIFER LAPIERRE at (321) 354-7472 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Mouroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to

Articles of	Amendment [FFECTIVE D	ATE
	to 🕒		501x
	ncorporation of	MANI	المستعر
	" -		
BIOSCIENCE	tro Corp	<u>V </u>	
(Name of Corporation as curren	ntly filed with the Florid:	a Dept. of State)	
P1900	0002129		
	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	is <i>Florida Profit Corpora</i>	tion adopts the following am	iendment(s) to
A. If amending name, enter the new name of the corporation:			
	Ć.		
LAPIERRE LIFE SCIENCES	Lochogatio:	The	e 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 corpora		
B. Enter new principal office address, if applicable:	N)A	7.1.3) }
(Principal office address <u>MUST BE A STREET ADDRESS</u>)			±.
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		•	 ن
			PH 7
C. Enter new mailing address, if applicable:	,		三 ジ
(Mailing address MAY BE A POST OFFICE BOX)	NIA		72
			ω
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre		he name of the	
Name of New Registered Agent NA			
(Florida :	street address)		
New Registered Office Address: NX		Florida	
	(Ciţv)	(Zip Code,	,
New Registered Agent's Signature, if changing Registered Age			
I hereby accept the appointment as registered agent. I am familia	r with and accept the obli	gations of the position.	
Signature of New	Registered Agent, if chan	ging	

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)

Example:

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.

<u>V</u>	Mike Jones	
<u>sv</u>	Sally Smith	
<u>Title</u>	Name	Address
	NIA	
<u> </u>	_	
-		
	<u>SV</u> <u>Title</u>	SV Sally Smith Title Name

(Attach additional sh	ing additional Ar ects, if necessary)	ticles, enter ch . (Be specific,	ange(s) here:)			
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. If an amendment p	ravides far an ex-	change reclass	ification or co	ncallation of ice	uad charac	
provisions for imp	lementing the an ole, indicate N/A)	rendment if no	t contained in t	he amendment	itself:	
MA		· · · · · · · · · · · · · · · · · · ·				
			. <u>.</u>			
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The date of each amendment(s) adoption:	, if other than the
date diff document was signed.	
Effective date if applicable: Januare 1, 2021 (no more than 90 days after amendment file date)	
(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 d document's effective date on the Department of State's records.	ate will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder act action was not required.	ion and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment by the shareholders was/were sufficient for approval.	(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	ient
"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 not been selected, by an incorporator – it in the hands of a receiver, trustee, or other couppointed fiduciary by that fiduciary) RICHARD LAPIEREE (Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	