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| (Req | uestor's Name) | | | |
|---|------------------------|--|--|--|
| (Add | ress) | | | |
| (Add | ress) | | | |
| (City) | /State/Zip/Phone #) | | | |
| PICK-UP | WAIT MAIL | | | |
| (Busi | iness Entity Name) | | | |
| (Doc | ument Number) | | | |
| Certified Copies | Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | | |
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| | 10/12/21 | | | |





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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORA | ATION: Symmy | life Sciano | e Fac. | |
|---------------------------|----------------------------------|--|---------------------------------|--|
| DOCUMENT NUMBE | | | | |
| The enclosed Articles of | f Amendment and fee are su | bmitted for filing. | | |
| Please return all corresp | ondence concerning this ma | tter to the following: | | |
| | Polo | and Trans | | |
| _ | N I COL | Name of Contact Person | n | |
| | .5a. | Name of Contact Person Firm/ Company | i ouar luc | |
| - | 7 | Firm/ Company | , VAC. | |
| | 924 | - Coldwell L | ฟ | |
| _ | | | | |
| | Nach | City/ State and Zip Cod | 37204 | |
| _ | | City/ State and Zip Cod | e e | |
| | • | · · · · · · · · · · · · · · · · · · · | | |
| _ | E-mail address: (10 be us | no Sugrts sed for future annual report | notification) | |
| | • | | , | |
| For further information | concerning this matter, pleas | se call: | | |
| 12 | | | | |
| _ Kichau | & Jung | at (615 | de & Daytime Telephone Number | |
| Name of Contact Person | | Area Co | de & Daytime Telephone Number | |
| Enclosed is a check for t | the following amount made | payable to the Florida Dep | artment of State: | |
| ☐ \$35 Filing Fee | | ✓S43.75 Filing Fee & | □\$52.50 Filling Fee | |
| | Certificate of Status | Certified Copy | Certificate of Status | |
| | | (Additional copy is enclosed) | Certified Copy (Additional Copy | |
| | | · | is enclosed) | |
| Mailing Address | | | Address | |
| | dment Section on of Corporations | Amendment Section | | |
| | Box 6327 | Division of Corporations The Centre of Tallahassee | | |
| Tallah | assee, FL 32314 | 2415 N. Monroe Street, Suite 810 | | |

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

| | | of | Z0Z1 UC1 -4 PM 1: 53 |
|--|-----------------------------------|---|---|
| Sunesou | Like | Secres Inc | SECRETARY OF STATE |
| O(Name)(Co | rporation as | currently filed with the Flor | ida Dept. of State) LANIA OST I. TE |
| | P1900 | CO2 CONS | |
| | (Document N | umber of Corporation (if know | vn) |
| Pursuant to the provisions of section 607.1006 ts Articles of Incorporation: | , Florida Statu | ites, this <i>Florida Profit Corpo</i> | ration adopts the following amendment(s |
| A. If amending name, enter the new name | of the corpora | ation: | |
| name must be distinguishable and contain the v "Inc.," or Co.," or the designation "Corp, "chartered," "professional association," or th | " "Inc," or " | 'Co". A professional corpoi n "P.A." | ration name must contain the word |
| B. Enter new principal office address, if ap Principal office address <u>MUST BE A STRE</u> | | 924 (*) Nashvi | He To 37204 |
| C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF) | <u>e:</u> ICE BOX) | P.O. Box Nachvill | (40732 10, TN 37204 |
| D. If amending the registered agent and/or new registered agent and/or the new reg | registered offi istered office | ice address in Florida, enter address: | the name of the |
| Name of New Registered Agent | | | |
| | | | |
| | (Fl | orida street address) | |
| New Registered Office Address: | | | . Florida |
| - | - | (City) | (Zip Code) |
| lew Registered Agent's Signature, if changi hereby accept the appointment as registered of | ng Registered agent. I am fa | 1 Agent: umiliar with and accept the ob- | ligations of the position. |
| | Signature of | f New Registered Agent, if cha | nging |
| heck 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.

| X Change | <u>PT</u> | 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> | | Address |
| l) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 2) Change | | | | |
| Add | | | | |
| Remove 3) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 6) Change | | | | |
| Add | | | | |
| Remove | | | | |

| (Attach a | dditional sheets, if necessary) | . (Be specific) | | | |
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| provisio | endment provides for an exons for implementing the an not applicable, indicate N/A) | change, reclassific mendment if not c | cation, or cancella ontained in the ar | ation of issued shar mendment itself: | es, |
| | | | | | |
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| The date of each amendment(s) a date this document was signed. | Joption: | , if other than the |
|--|---|---|
| uate tris document was signed. | 4 | |
| Effective date if applicable: | August 1, 2021 | |
| | August 1, 2021 (no more than 90 days after amende | ment file date) |
| Note: If the date inserted in this bedocument's effective date on the Do | lock does not meet the applicable statutory filin partment of State's records. | g requirements, this date will not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| The amendment(s) was/were add action was not required. | pted by the incorporators, or board of directors w | vithout shareholder action and shareholder |
| ☐ The amendment(s) was/were add by the shareholders was/were so | pted by the shareholders. The number of votes c fficient for approval. | ast for the amendment(s) |
| ☐ The amendment(s) was/were app must be separately provided for | roved by the shareholders through voting groups. each voting group entitled to vote separately on t | . The following statement the amendment(s): |
| "The number of votes cast | for the amendment(s) was/were sufficient for app | proval |
| by | | |
| | (voting group) | ' |
| selected | rector, president or other officer—if directors or of the bands of a receive ed fiduciary by that fiduciary) Chara Jung (Typed or printed name of person sign | r. trustee, or other court |
| | (Title of person signing) | |
| | (I file of person signing) | |