## P190000 70752

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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OCT 11 2019 S. YOUNG





## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: Stemsation Hole	ling Corp.	
	MBER: P19000070752		
The enclosed Article	es of Amendment and fee are	submitted for filing.	
Please return all con	respondence concerning this r	natter to the following:	
	Ray C. Carter, Jr.		
	Stemsation USA, Inc.	Name of Contact Pers	on
	7777 Glades Road Suite 20	Firm/ Company	
	Boca Raton, FL 33434	Address	
		City/ State and Zip Co.	de
reart	er@stemsationusa.com		
	E-mail address: (to be u	used for future annual repor	t notification)
For further information	n concerning this matter, plea	se call:	
Ray C. Carter, Jr.		at (_888	996-STEM
	of Contact Person	Area Co	xle & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Dep	artiment of State:
■ \$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)
Ame Divis P.O.	ling Address Indinent Section Ission of Corporations Box 6327 hassec, FL 32314	Amend Divisio Clifton 2661 E:	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

## Articles of Amendment to Articles of Incorporation of

( <u>Nan</u>	e of Corporation as curr	ently filed with the Florida Dept. of	State)
P19000070752			<u>State</u> )
	(Document Numb	er of Corporation (if known)	
Pursuant to the provisions of section 60 ts Articles of Incorporation:			s the following amendment(s
. If amending name, enter the new	name of the corporation	<u>:</u>	
ame must be distinguishable and co Corp" "Inc.," or Co.," or the design ord "chartered," "professional assoc	ontain the word "corpore gnation "Corp." "Inc," o lation," or the abbreviatio	ttion," "company," or "incorporate r "Co". A professional corporation on "P.A."	The new d' or the abbreviation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		7777 Glades Road	
		Suite 203	538 6
		Boca Raton, FL 33434	F (2)
Enter new mailing address, if applicable: (Mulling address MAY BE A POST OFFICE BOX)		7777 Glades Road	
		Suite 203	P
		Boca Raton, FL 33434	
If amending the registered agent a new registered agent and/or the ne	nd/or registered office ad w registered office addre	dress in Florida, enter the name of	the
Name of New Registered Ayent	Nick Panza		
	7777 Glades Road Suite	203	
			<del></del>
	(Florida)	areet adaress)	
New Registered Office Address:	Boca Raton		, 33434
New Registered Office Address:		(City) Flori	da
	Boca Raton	(City) Flori	da
W Registered Agent's Signature is a	Boca Raton	(City) Flori	da(Zip Code)
New Registered Office Address:  W Registered Agent's Signature, if clarety accept the appointment as regist	Boca Raton  hanging Registered Agen ered agent. 1 am familiar	(City)  1: (with and accept the obligations of the	da(Zip Code)

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 = ChiefExecutive 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 Doc	
X Remove	ĭ	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change			
Add		_ · _ · _ · _ · _ · _ · _ · _ · _ · _ ·	
Remove			
2) Change	·		-
Add			
Remove			
3) Change			
Add			
Remove			
4)			
4) Change Add			
Remove			
5) Change Add			
Remove			
5) Change			
Add			
Remove			

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nam	endment prov	ides for an excha	nge, reclassifica	ition, or cancel	lation of issued	ahara.	
			iment if not con	tained in the a	mendment itsel	<u>snares.</u> f:	
(97	not applicable.	inaicale N/A)				_	
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date this document was signe	et(s) adoption:d.	if other than th
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in document's effective date on	this block does not meet the applicable statutory filing requirements, this date will the Department of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes east for the amendment(s) ere sufficient for approval.	
The amendment(s) was/wel	re approved by the shareholders through voting groups. The following statement gd for each voting group entitled to vote separately on the amendment(s):	
	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	e adopted by the incorporators without shareholder action and shareholder	
Septem Dated	aber 23rd 2019	
Signature		
	a director, president or other officer - if directors or officers have not been ected, by an incorporator - if in the hands of a receiver, trustee, or other court cointed fiduciary by that fiduciary)	
	Ray C. Carter	
	(Typed or printed name of person signing)	<b></b>
	CEO	
	(Title of person signing)	