P20000005995

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phon	ie #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	$_{\scriptscriptstyle{ ext{ATION:}}}$ $ALPI$	HA BIOLO	OGIXS COR	P
DOCUMENT NUMB	P20000	005995		
	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	Andre	e Christo	pher Hines	
-			IXS CORP.	
-	80 S.V	v. 8th St	Suite 2000,	Miami
•	FL 3	313 Address		
_	Drandrel	City/ State and Zip Code	mail.com	
-	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
r. Andre	C. Hines	562-	-686-7907	
Name o	f Contact Person		de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
□ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status Certificate Certific	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, Fl. 32303

Articles of Amendment Articles of Incorporation

ALPHA BIOLOGIXS CORP.

•			
	Articles o	f Amendment	
		to Incorporation	
ALPHA BIOL	OGIXS CC)°RP.	٠ ١
		ntly filed with the Florid	la Dept. of State)
	(Document Numbe	r of Corporation (if know	n)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, th	nis <i>Florida Profit Corpor</i>	ation adopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
name must be distinguishable and contain "Inc.," or Co.," or the designation "Contain "chartered," "professional association," B. Enter new principal office address, (Principal office address MUST BE A S	Corp," "Inc," or "Co". or the abbreviation "P., if applicable:	A professional corpora 4."	Sth St Suite 2000, Miam
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)	icable: <u>OFFICE BOX</u>)	8 <u>0 S.W. 8tl</u> 33130	n St Suite 2000, Miami F
D. If amending the registered agent an new registered agent and/or the new	<u>v registered office addr</u>	ess:	
Name of New Registered Agent			OGIES INC
		St Suite 2000, %FL#33130	- ,
New Registered Office Address:		(Ciţv)	Florida (Zip Code)

New Registered Agent's Signature, if Shanging Registered Agent:

I hereby accept the appointment miliar with and accept the obligations of the position.

Signapure of New Begistered 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)

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 Do	200	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>\$V</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		· · · · · · · · · · · · · · · · · · ·
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add		_		
Remove				

	al sheets, if necessary,). (Be specific)			
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	nt provides for an ex	cchange, reclassific	ation, or cancellati	on of issued shares,	
<u>lf an amendmer</u>		nendment if not co	<u>intained in the ame</u>	ndment itself:	
provisions for	implementing the ar licable, indicate N/A)				
provisions for	implementing the ar				
provisions for	implementing the ar licable, indicate N/A)				
provisions for	implementing the ar				
provisions for	implementing the ar licable, indicate N/A)				
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provisions for	implementing the ar				

The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amendm	ent file date)
Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	requirements, this date 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 wit action was not required.	hout shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes can by the shareholders was/were sufficient for approval.	st for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. must be separately provided for each voting group entitled to vote separately on the	
"The number of votes cast for the amendment(s) was/were sufficient for appro	oval
by(voting group)	."
(voting group)	
Dated_ SEPT. 3, 2020	
Signature	
(By a director, president or other officer – if directors or o selected, by an incorporator – if in the hands of a receiver, appointed fiduciary by that fiduciary)	
Dr. Andre Hines	
(Typed or printed name of person signi	ng)
CEO	
(Title of person signing)	