P20000055624

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Daxia Trials Inc.				
DOCUMENT NUM	P20000055624				
The enclosed Articles	s of Amendment and fee are sub	omitted for filing.			
Please return all corre	espondence concerning this mat	ter to the following:			
	Emily Sherman				
	<u> </u>	Name of Contact Person			
	Daxia Trials Inc.				
		Firm/ Company			
	1200 N Federal Hwy Unit 200				
	Address				
	Boca Raton, FL 33432				
		City/ State and Zip Code	· · · · · · · · · · · · · · · · · · ·		
	emily.sherman@daxiatrials.c	əm			
	•	ed for future annual report	notification)		
For further informati	on concerning this matter, pleas		430-8570		
Name	of Contact Person	Area Co) 430-8570 de & Daytime Telephone Number		
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	S43.75 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)		
Ar Di P.	ailing Address mendment Section vision of Corporations O. Box 6327 that are the section of the s	Amenc Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

FILED

Daxia Trials Inc.	as currently filed with the Florida Dept. of State)
(Name of Corporation a	as currently filed with the Florida Dept. of State)
P20000055624	SECRET TALL TO A SE STATE
	t Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Sta	atutes, this Florida Profit Corporation adopts the following amendment(s) to
its Articles of Incorporation:	
A. If amending name, enter the new name of the corpo	oration:
	The new
name must be distinguishable and contain the word "corpo". "Inc.," or Co.," or the designation "Corp," "Inc," o. "chartered," "professional association," or the abbrevia	oration," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word ation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	<u>ESS</u>)
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered new registered agent and/or the new registered off	l office address in Florida, enter the name of the fice address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	. Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regist	tered Agent:
I hereby accept the appointment as registered agent. I a	am familiar with and accept the obligations of the position.
Signatu	ire of New Registered Agent, if changing

Check if applicable

 \square 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)

Add

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 Doc 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 Doc. PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Mike Jones, V as Remove	e, and Sai	lly Smith, SV as an Add.	
Example: 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>	<u>Addres</u> s
1) X Change	PT	Emily Sherman	1200 N Federal Hwy Unit 200
Add			Boca Raton, FL 33432
Remove			
2) Change			
Add			
Remove 3) Change		<u> </u>	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			

tach additional sheets, if necessary)	. (De specific)			
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an amendment provides for an ex	abanga raalaceificat	ion or concellatio	n af icenad charac	
rovisions for implementing the a	mendment if not con	tained in the amer	dment itself:	
(if not applicable, indicate N/A)				
		•		
		<u></u>		
		·		

	23Mar2022	
date this document was signed.		if other than the
Effective date <u>if applicable</u> : 23Mar2022		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block doe document's effective date on the Departmen	es not meet the applicable statutory filing requirements, this date will t of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by action was not required.	the incorporators, or board of directors without shareholder action and	shareholder
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes cast for the amendment(s) for approval.	
	y the shareholders through voting groups. The following statement ting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the a	mendment(s) was/were sufficient for approval	
by	··	
•	(voting group)	
ecom Pc		
Dated 24 Mara?	<u></u>	
Signature (m	ha.	
(By a director, p	oresident or other officer – if directors or officers have not been	_
selected, by an	incorporator – if in the hands of a receiver, trustee, or other court clary by that fiduciary)	
Emily S	Sherman	
	(Typed or printed name of person signing)	
Preside	nt	