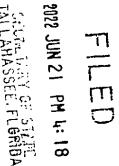
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Daxia T	rials
DOCUMENT NUME	BER: <u>P2000005542</u>	1
The enclosed Articles	of Amendment and fee are su	bmitted for filing.
Please return ali corres	spondence concerning this ma	tter to the following:
	Emily Sher	man
		Name of Contact Person
	Daxia Trials	Inc.
		Firm/ Company
	851 Broken So	und Pkwy NW Stc 125
	Boca Raton F	Address L 33487
		City/ State and Zip Code
	emily. Shermar	e @ daxiatrials. com
	•	sed for future annual report notification)
For further informatio	n concerning this matter, plea	se call:
Emily She	Of Contact Person	at (56) 910 - 7619 Area Code & Daytime Telephone Number
Name (of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Department of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Ame Divi P.O	endment Section ision of Corporations . Box 6327 ahassee, 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 to Articles of Incorporation of

(Name of Corporation as curre	ently filed with the Florida Dept. of State)
(Document Number	er of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	his Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	<u>:</u>
	_The _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 professional corporation name must contain the word A."
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)	851 Broken Sound Pkmy NW Ste 125 Boca Raton, FL 33487
	Lo(a rator), 12 37 to 1
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	851 Broken Sound PKWy NW ste 125
	Boca Raton, FL 33487
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office addi	
	(SS)
Name of New Registered Agent	
(Floride	a street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Ag	ent.
I hereby accept the appointment as registered agent. I am famili	iar with and accept the obligations of the position.

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)

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.

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) Change			
Add			2022
Remove			ZZ JUN T
2) Change			2 7
Add			
Remove Change			#25 -
Add			
Remove			
4) Change		<u> </u>	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific)	
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f an amondment provides for an avahance realescification or cancallation of issued share	oc.
f an amendment provides for an exchange, reclassification, or cancellation of issued share provisions for implementing the amendment if not contained in the amendment itself:	<u>.3,</u>
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	14 Jun 2012	, if other than the
date this document was signed.		
Effective date if applicable:	0/12	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does n document's effective date on the Department of	ot meet the applicable statutory filing requirements, the State's records.	is date will not be listed as the
Adoption of Amendment(s) (CH	IECK ONE)	
The amendment(s) was/were adopted by the action was not required.	incorporators, or board of directors without shareholder	action and shareholder
by the shareholders was/were sufficient for	shareholders. The number of votes east for the amendn approval.	
☐ The amendment(s) was/were approved by th must be separately provided for each voting	e shareholders through voting groups. The following starting group entitled to vote separately on the amendment(s):	FILED 2022 JUN 21 PM 4 PALEBAHASSEE, FL
"The number of votes cast for the ame	ndment(s) was/were sufficient for approval	3388 e 797
by(vot	ing group)	7. T.
(/1), 02,72		
Dated		
Dated 14 Jul 202-2 Signature M	18h	
(By a director, pres	ident or other officer – if directors or officers have not b orporator – if in the hands of a receiver, trustee, or other y by that fiduciary)	
En	nily Sherman (Typed or printed name of person signing)	
•	(Typed or printed name of person signing)	
Œ	(Title of person signing)	
	(Title of person signing)	