## P22 0000 70776

(Re	equestor's Name)	
(Ad	dress)	
(Ād	dress)	··· <del>-</del> ·
(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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## COVER LETTER

**TO:** Amendment Section Division of Corporations

.

NAME OF CORPOR	ATION: ORALBIOLIFE IN	NC			
DOCUMENT NUMF	P22000070776				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	GORDON MATZ				
		Name of Contact Persor	1		
	ORALBIOLIFE, INC				
		Firm/ Company			
	301 HARBOUR PLACE DRIVE UNIT 1005				
		Address			
	TAMPA FL 33602				
		City/ State and Zip Code			
	GORDON.MATZ@ORALB	HOLIFE.COM			
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	n concerning this matter, plea	se call:			
GORDON MATZ		at ( 305	) 401-2622 de & Daytime Telephone Number		
Name o	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check fo	the following amount made	payable to the Florida Depa	ortment of State:		
S35 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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314		Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee V. Monroe Street, Suite 810		

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as co	urrently filed with th	e Florida Dept. of State)	
P22000070776			
(Document Nu	mber of Corporation (	if known)	
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this <i>Florida Profit</i>	Corporation adopts the following	ing amendment(s) to
A. If amending name, enter the new name of the corporat	ion:		The new
name must be distinguishable and contain the word "corporati "Inc.," or Co.," or the designation "Corp," "Inc," or "C "chartered," "professional association," or the abbreviation	Zo". A professional	'incorporated" or the abbreviat corporation name must conto	tion "Corp.,"
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDRESS</u>	)	Ś	20
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		ALL AHAS	F   L   1
(Stating duaress <u>SEAT DE ATOST OPPTER BOS</u> )		75 T	PM 4: 26
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a		, enter the name of the	
Name of New Registered Agent	<u> </u>		_
	orida street address)		
N. D. C. 1796 A.H		musi ta	
New Registered Office Address:	(City)	, Florida(Zij	) Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai		t the obligations of the position	
Signature of	New Registered Agen	u, 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>141</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jos	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change				
Add				
Remove				
2) Change		_		
Add				· · · · · · · · · · · · · · · · · · ·
Remove 3) Change				
Add				
Remove				
4) Change		<del></del>		<del></del>
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

Attach additional sheets, if necessary). (Be specific) IEND ARTICLE IV:	
e number of shares the corporation is authorized to issue is: 22,000,000	
· · · · · · · · · · · · · · · · · · ·	<del> </del>
<del></del>	
	-
	·
If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate $NA$ )	
	· · · · · · · · · · · · · · · · · · ·

. . .

The date of each amendment(s) a date this document was signed.	doption: 11 Z (o   2024	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after	amendment file date)
Note: If the date inserted in this bedocument's effective date on the D		ry filing requirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were adaction was not required.	opted by the incorporators, or board of dire	ectors without shareholder action and shareholder
☐ The amendment(s) was/were ad- by the shareholders was/were sa	opted by the shareholders. The number of ifficient for approval.	votes cast for the amendment(s)
	proved by the shareholders through voting each voting group entitled to vote separa	
"The number of votes cast	for the amendment(s) was/were sufficient	for approval
by	(voting group)	
	(voting group)	
Dated///	Gordon Mit	
Signature	John Mit	
selecte	irector, president or other officer – if directed, by an incorporator – if in the hands of a ted fiduciary by that fiduciary)	
	GORDON MATZ	
	(Typed or printed name of per	son signing)
	CFO	
	(Title of person signing)	

• • •