P220000 70776

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2025 JUN 25 PH 12: 43

Omend

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	ORATION: ORALBIOLIFE IN	IC				
DOCUMENT NUM	D22000070776			_		
The enclosed Article	es of Amendment and fee are su	bmitted for filing.				
Please return all corr	espondence concerning this mat	ter to the following:				
	STELLA VNOOK					
		Name of Contact Person	1			
		Firm/ Company				
	112 ADDIS DR					
		Address				
	CHURCHVILLE PA 189660)- 1170				
		City/ State and Zip Code	e			
	skvnook@gmail.com					
	E-mail address: (to be us	ed for future annual report	notification)	_		
For further informati	ion concerning this matter, pleas	e call:				
STELLA VNOOK		at (²¹⁵			2025 JUN	
Name	e of Contact Person	Area Co	de & Daytime Telephone N	umber	N 25	7
Enclosed is a check f	for the following amount made p	payable to the Florida Depa	rtment of State:			1
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		PH 12: 43	<i>د</i>
Ar Di	ailing Address mendment Section vision of Corporations O. Box 6327	Amend Divisio	Address Iment Section on of Corporations entre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

ORALBIOLIFE INC			
(Name of Corporation as currently	filed with the Florida Dept. of State)		
P22000070776			
(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	lorida Profit Corporation adopts the fo	ollowing amendr	nent(s) to
A. If amending name, enter the new name of the corporation:			
		The n	iew
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."			
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			-
C. Enter new mailing address, if applicable:	112 ADDIS DR		-
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)			
	CHURCHVILLE PA 18966 -1170		
		2025 850	
			- danam
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ess in Florida, enter the name of the	JUN 25	
Name of New Registered Agent		70	(comme
		FW 12: 43	
(Florida stre	et address)	· 1 ¹¹ ω	
New Registered Office Address:	, Florida_	(Zip Code)	-
		(,	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the pos	ition.	
Signature of New Reg	gistered 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)

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>y</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	CFO	GORDON E. MATZ	1521 ALTON ROAD #304
Add			MIAMI BEACH, FL 33139
X Remove			
2) Change	T	SHAY KOSTINER	1521 ALTON ROAD #304
Add		 	MIAMI BEACH, FL 33139
X Remove			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

	al sheets, if necessar	ry). (Be specific)			
					
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an amendme	ent provides for an e	exchange, reclassif	ication, or cancel	lation of issued sh	ares,
rovisions for	implementing the	amendment if not	contained in the	amendment itself:	
(if not app	licable, indicate N/A)			
		. <u></u>		 	
<u></u>					
					
		···			
				· · · · · · · · · · · · · · · · · · ·	

	JUNE 18 2025	
The date of each amendment(s) addate this document was signed.	option:	, 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 bidocument's effective date on the De	ock does not meet the applicable statutory filing requirements, this dapartment of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without shareholder act	ion and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment fficient for approval.	(s)
	roved by the shareholders through voting groups. The following staten each voting group entitled to vote separately on the amendment(s):	pent
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	··	
	(voting group)	
JUNE 20, 2	025	
Dated		
(By a d	rector, president or other officer – if directors or officers have not beer I, by an incorporator – if in the hands of a receiver, trustee, or other could fiduciary by that fiduciary)	
	William Breitenbach	
	(Typed or printed name of person signing)	
	Chief Executive Officer	
	(Title of person signing)	