P93000049931

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Spear Ph	armaceuticals, Inc.	
DOCUMENT NUMBER: P93000049931		
The enclosed Articles of Amendment and fe	e are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
Sarah Spear		
(Nar	ne of Contact Person)	
-	(Firm/ Company)	
1230 23rd Street NW #705		
	(Address)	
Washington, DC 20037		
(City	// State and Zip Code)	
For further information concerning this matte	er, please call:	÷
Sarah Spear	at (239)560-0285	
(Name of Contact Person)	(Area Code & Daytime 1	Telephone Number)
Enclosed is a check for the following amoun	t:	•
✓ \$35 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, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301	

Articles of Amendment **Articles of Incorporation** of

Spear Pharmaceuticals, In

(Name of corporation as currently filed with the Florida Dept. of State)

ASSERTION IN P93000049931 (Document number of corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation: **NEW CORPORATE NAME (if changing):** (Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.") AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC) 1. The principal office shall be changed from 14882 Bellezza Lane, Naples, FL 34110 to 11924 Fairway Lakes Dr., Ft. Myers, FL 33913. 2. The principal officer, KL Spear, will change his contact information from 14882 Beliezza Lane, Napies, FL 34110 to 1247 Sussex Tumpike, Suite 120, Randolph, NJ 07869. 3. The officer, Jayne Spear, will change her contact information from 14882 Bellezza Lane, Naples, Ft. 34110 to 1247 Sussex Tumpike, Suite 120, Randolph, NJ 07869 4. The officer, Sarah Spear, will change her contact information from 14882 Bellezza Lane, Naples, FL 34110 to 1247 Sussex Turnpike, Suite 120, Randolph, NJ 07869. 5 The officer, Rachel Spear, will change her contact information from 14882 Beliezza Lane, Naples, FL 34110 to 1247 Sussex Tumpike, Suite 120, Randolph, NJ 07869 6. The officer, Emily Spear, will change her contact information from 14882 Bellezza Lane, Naples, FL 34110 to 1247 Sussex Turnoike, Suite 120, Randolph, NJ 07869. (Attach additional pages if necessary) If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

(continued)

The date of each amendment(s) adoption: September 7, 2007 Effective date if applicable: (no more than 90 days after amendment file date)				
			Adoption of Amendment(s)	(<u>CHECK ONE</u>)
				was/were approved by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval.
	was/were approved by the shareholders through voting groups. The it must be separately provided for each voting group entitled to vote imendment(s):			
"The number o	f votes cast for the amendment(s) was/were sufficient for approval by			
	(voting group)			
	was/were adopted by the board of directors without shareholder action tion was not required.			
The amendment(s) shareholder action	was/were adopted by the incorporators without shareholder action and was not required.			
selec	director, president or other officer - if directors or officers have not been sted, by an incorporator - if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)			
	(Typed or printed name of person signing)			
	Offices/Director (Title of person signing)			

FILING FEE: \$35