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| Special Instructions to Filing Officer: | |
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SECRETARY OF STATE
TALLARASSEE, FL

2022 FEB 22 AMII: (

CF 2/28/2022

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR | ATION: VITAL PHARMA | CEUTICALS, INC. | | | | |
|--------------------------|---|--|---|--|--|--|
| DOCUMENT NUMB | | | | | | |
| The enclosed Articles | of Amendment and fee are su | abmitted for filing. | | | | |
| Please return all corres | pondence concerning this ma | tter to the following: | | | | |
| | RICHARD BOIOLA | | | | | |
| - | · · · · · · · · · · · · · · · · · · · | Name of Contact Person | 7 | | | |
| | Corporate Creations Network Inc | | | | | |
| Firm/ Company | | | | | | |
| | 801 US Highway 1 | | | | | |
| Address | | | | | | |
| | North Palm Beach, FL 33408 | 3 | | | | |
| - | | City/ State and Zip Code | e | | | |
| | VitalPharmaceuticals@outlo | ok.com | | | | |
| | _ | sed for future annual report | notification) | | | |
| | | - | | | | |
| For further information | concerning this matter, plea | se call: | | | | |
| | | | | | | |
| ROGERIO SCOTTON | | at (⁵⁶¹ | | | | |
| Name o | f Contact Person | Area Co | de & Daytime Telephone Number | | | |
| Enclosed is a check for | the following amount made | payable to the Florida Depa | artment of State: | | | |
| \$35 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) | | | |
| Ame Divis P.O. | ing Address 1 Indment Section Sion of Corporations Box 6327 Ihassee, FL 32314 | Amend Divisio The C 2415 N | Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303 | | | |

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Articles of Amendment to Articles of Incorporation of

FILED

| VITAL PHARMACEUTICALS, INC. | | | 2020.553.00 | |
|---|------------------------------|--------------------------------|--------------------------------------|--|
| (Name | of Corporation as current | ly filed with the Florida De | ept. Wastate 22 AM II: 30 | |
| 65-0668430 | | | | |
| | (Document Number of | of Corporation (if known) | SECRETARY OF STATE TALLAHASSEE, FL | |
| Pursuant to the provisions of section 607 its Articles of Incorporation: | 1006, Florida Statutes, this | Florida Profit Corporation | adopts the following amendment(s) to | |
| A. If amending name, enter the new n | ame of the corporation; | | | |
| | | | The new | |
| name must be distinguishable and contain "Inc.," or Co.," or the designation "Chartered," "professional association." | Corp," "Inc," or "Co" | A professional corporation | | |
| B. Enter new principal office address, | | 5201 Blue Lagoon Drive | e | |
| (Principal office address MUST BE'A S | | Miami, Florida 33126 | | |
| | | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 5201 Blue Lagoon Drive | | |
| | | Miami, Florida 33126 | | |
| 1 | | | | |
| D. If amending the registered agent as | | | name of the | |
| new registered agent and/or the ne | | <u>s:</u> | | |
| Name of New Registered Agent | Gaspar Metralha | | | |
| | 500 Flagler Street | | | |
| | (Florida st | reet address) | | |
| New Registered Office Address; | Miami | | , Florida 33130 | |
| New Registered Office Address. | | (City) | (Lip Code) | |
| New Registered Agent's Signature, if o | | | | |
| I hereby accept the appointment as regis | tered agent. I am familiar | with and accept the obligation | ons of the position. | |
| X | 5 | | | |
| | Menl | | | |
| | Signature of New I | Registered Agent, if changing | ζ | |
| Check if applicable | J | | | |
| ☐ The amendment(s) is/are being filed p | oursuant 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 | PT | John De | <u>oe</u> | | | |
|----------------------------|--------------|-------------|--------------------|--------------------------|--|--|
| X Remove | <u>v</u> | Mike Jo | <u>ones</u> | | | |
| X Add | <u>sv</u> | Sally Smith | | | | |
| Type of Action (Check One) | <u>Title</u> | | Name | <u>Addres</u> s | | |
| 1) Change | ceo | | SCOTTON' ROGERIO | 391 SE. MIZNER BLVD 1921 | | |
| x Add | | | | BOCA RATON FL 33442 | | |
| Remove | | • | | | | |
| 2) Change | VP | _ ! | KENNEDY' ALEJANDRO | 801 BRICKEEL AVENUE | | |
| X Add | | | | MIAMI FL 33131 | | |
| Remove 3) Change | | _ | | | | |
| Add | | | | | | |
| Remove | | | | | | |
| 4) Change | | _ | | | | |
| Add | | , | | ,-, | | |
| Remove | | | | | | |
| 5) Change | | | | | | |
| Add | | | | | | |
| Remove | | | | | | |
| 6) Change | | | | | | |
| Add | | | • | | | |
| Remove | | | | | | |

| | • | (Be specific) | | | |
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| if other than | the |
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| vill not be listed as | the |
| and shareholder | |
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The date of each amendment(s) adoption: date this document was signed. 01/18/2022 Effective date if applicable: (no more than 90 days after amendment file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date v document's effective date on the Department of State's records. (CHECK ONE) Adoption of Amendment(s) The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action a action was not required. ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): "The number of votes east for the amendment(s) was/were sufficient for approval (voting group) 01/18/2022 Dated_ Signature (By a director, president 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 appointed fiduciary by that fiduciary) OWOC, JOHN H. (Typed or printed name of person signing) PRESIDENT (Title of person signing)