Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

: (305)552-5973

Phone Fax Number

: (305)675-5944

**Enter the email address for this business entity to be used for future

| annual | report | mailings. | Enter | only | one | email | address | please. | ** |
|---------|----------|-----------|-------|------|-----|-------|---------|---------|----|
| Email A | Address: | • | | | | | | | |

COR AMND/RESTATE/CORRECT OR O/D RESIGN **BIOCHROM CORPORATION**

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| \$35.00 | | |
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Articles of Amendment to
Articles of Incorporation

| | Articles of Incorpor | stion | | |
|--|---|-----------------------|---|----------------------------|
| Biochrom Corporation | W4 | | | |
| (Name of Corporation as currently | filed with the Florida | Dept of State) | <u> </u> | - |
| P98000085616 | | ; | | |
| (Document Number | of Corporation (if know | m) | | • |
| ursuant to the provisions of section 607.1006, Flores Articles of Incorporation: | ide Statutes, this <i>Florid</i> | a Profit Corporation | radopts the followin | g amend ment (s) |
| . If amonding name, enter the new name of the | corporation: | | | \$ |
| PRO LAB SUPPLY CORPORA | TION | | | The new |
| name must be distinguishable and contain the we "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association." or the Enter new principal office address, if application. | rp," "Inc." or "Co". he abbreviation "P.A." <u>hie:</u> | A professional corp | rporated" or the a oration name must | hbreviation contain the |
| (Principal office address MUST BE A STREET A) | DDRESS) | | | |
| | | | | - |
| | | , : | | - |
| C. Enter now mailing address. If applicable: (Mailing address MAY BE A POST OFFICE I | BOX) | <u>.</u> | | - - |
| | | | <u> </u> | - |
| | | | | - |
| D. If amonding the registered agent and/or registered agent and/or the new registered agent and/or the new register | stered office address in ed office address: | Florida, enter the 1 | anme of the | |
| Name of New Registered Agent | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | <u> </u> | | |
| · | | <u> </u> | · | : |
| | (Florida street ade | iness) | | |
| New Registered Office Address: | | Flor | | |
| , | (Cip) | | (Ep Code) | |
| New Registered Azont's Signature, if changing Is I hareby accept the appointment as registered agen | Registered Agent; L. I am familiar with a | nd accept the obligat | ions of the position. | |
| Signature of | New Registered Agent. | If changing | | |
| | | 1 | | |

Page 1 of 4

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| address of each Officer: (Attach additional sheets, Please note the officer/dir P = President: V = Vice I Executive Officer: CFO: held. President, Treasure, Changes should be noted | and/or D if necess ector titl President = Chief I r, Directo in the fo | ary) to by the first letter of the office title: To Treasurer: S= Secretary: D= Director: TR= Trustee: C = Chairman or Clerk; CEO = thancold Officer. If an officer/director holds more than one title, list the first letter of each to would be PTD. Towing manner. Currently John Doe is listed at the PST and Mike Jones is listed as the V. The proporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Chairman. | Chief office tera is |
|--|--|---|----------------------------|
| X Change | PI | John Doe: | |
| X Romove | <u>v</u> | Mike Jones | |
| _X Add . | $\underline{s}\underline{v}$ | Sally Smith | |
| Type of Action (Check One) | Title | Name Address | 33, |
| I) Change | | | |
| Add | | | |
| Remove | | | |
| 2) Change | | | |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add Remove | | | |
| | | | |
| 5) Change | | | į. |
| Remove | | | |
| 6) Change | | | |
| Add | <u></u> | | |
| Romove | | | 1 |

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| | ation, or cancellation of issued shares. |
| an amendment provides for an exclunage, reclassification special interesting the amendment if not con- (if not applicable, indicate N/A) | tained in the amendment itself: |
| rovisions for implementing the amendment if not con | stained in the amendment itself: |
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ÓFC ACCOUNTING SECRETARY OF STATE DIVISION OF CORPORATIONS #5951 P.005/005 PARE PERIOD H 15000004040

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| The date of each amondment(s) adoption: TANDARY 6Th 7015 date this document was signed. | , if other than the |
|---|---------------------|
| Effective date if applicable: (no more than 90 days after amendment file date) | - |
| Adaption of Amendment(s) (CHECK ONE) | |
| The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval. | · |
| The amondment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vota separately on the amendment(s): | |
| 'The number of votes east for the amendment(s) was/were sufficient for approval | |
| by | |
| by | |
| The amendment(s) was/were adopted by the hoard of directors without shareholder section and shareholder action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder | |
| action was not required. | |
| Dated JANUART OF LYPIN | |
| (By a director, president or other officer – if directors or officers have not been solected, by an incorporator – if in the hands of a receiver, trustee, or other court | _ |
| appointed fiduciary by that fiduciary) Haraco HARACURI | |
| (Typed or printed name of person signing) | |
| Thesiberi | _ |
| (Tills of parent signing) | |