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JUL 23 2019 S. YOUNG

COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: PRO LAB SUPPLY CORPORATION

DOCUMENT NUMBER: _____

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

HAZEL WATSON

Name of Contact Person

PRO LAB SUPPLY CORPORATION

Firm/ Company

PRO LAB SUPPLY CORPORATION

Address

5921 NW 176 TH. STREET - BAY # 5, HIALEAH, FL 33015

City/ State and Zip Code

hwatson@biochromcorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HAZEL WATSON

Name of Contact Person

_____at (<u>305</u>_____) <u>698-4053</u>_____ Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

🐱 - \$35 Filing Fee

S43.75 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)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address</u> Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to. Articles of Incorporation of

PRO LAB SUPPLY CORPORATION

. . . .

(<u>Name of Corporation as currently filed with the Florida Dept. of State</u>)					
P98000085616					
(Document Number	of Corporation (if known)				
Pursuant to the provisions of section 607,1006, Florida Statutes, thi its Articles of Incorporation:	s <i>Florida Profit Corporation</i> adopts the following amendment(s) to				
A. If amending name, enter the new name of the corporation:					
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or word "chartered." "professional association," or the abbreviation	"Co". A professional corporation name must contain the				
B. Enter new principal office address, if applicable:	5921 NW 176TH. ST.				
<i>Conception office address <u>MUST BE A STREET ADDRESS</u>)</i>	HIALEAH, FL 33015				
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u>)					
D. <u>If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre.</u> <u>Name of Nov Registered Agent</u>					
(Florida s New Registered Office Address:	(reet address)				

<u>New Registered Agent's Signature, if changing Registered Agent:</u> Thereby accept the appointment as registered agent. Tam familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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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 = ChiefExecutive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each officeheld. 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 Chauge, Mike Jones, V as Remove, and Sally Smith, SV as an Add. Example:

X Change <u>PT</u> John Doe X Remove \underline{V} Mike Jones <u>SV</u> \underline{X} Add Sally Smith Type of Action <u>Title</u> <u>Name</u> <u>Addres</u>s (Check One) VD. LUIS E URICH 19021 NW 64TH, CT, 1) ____ Change FILALEAH, FL 33015 ____ Add Х Remove 19021 NW 64TH, CT. TD BEVERLEY C PAPARCURI 2) ____ Change HIALEAH, FL 33015 ____ Add Х Remove Р PAOLO PAPARCURI X 1300 SW 130 AV. 3) ____ Change APT. F108 _____ Add PEMBROKE PINES, FL 33027 _____ Remove VD. GABRIEL PADILLA 816 SW 147 AV. 4) ____ Change X PEMBROKE PINES, FL 33027 Add ____ Remove TD MIGUEL MARRERO 15862 SW 63 TER 5/ ____ Change Х MIAMI, FL 33193 _____ Add _____ Remove 6) ____ Change _____ Add _____ Remove

E. <u>If amending or adding additional Articles, enter change(s) here</u>: (Attach additional sheets, if necessary). (Be specific)

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	July 10th., 2019	
The date of each amendment(s) add date this document was signed.	ption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	bek does not meet the applicable statutory filing requirements, this date wartment of State's records.	ill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.	
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adop action was not required.	ted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adop action was not required.	ted by the incorporators without shareholder action and shareholder	
July 10th., 1 Dated		
Signature	10/	
selected.	ector, president or other officer – if directors or officers have not been by an incorporator – it in the hands of a receiver, trustee, or other court I fiduciary by that fiduciary)	
	PAOLO PAPARCURI	
	(Typed or printed name of person signing)	

PRESIDENT

(Title of person signing)