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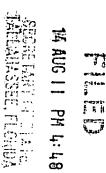
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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AUG 2 0 2014

C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOI	RATION: RASF CLIN BER: P9900002989	NICAL RESEAR	CH, INC		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	ANNETTE DELU	CA			
		Name of Contact Person	1		
	RASF CLINICAL RESEARCH, INC				
		Firm/ Company			
	1050 NW 15TH S	ST 212A			
		Address			
	BOCA RATON, F	LORIDA 33486	3		
		City/ State and Zip Code	e		
AD	ELUCA83@AOL.	СОМ			
		sed for future annual report	notification)		
For further informatio	n concerning this matter, pleas	se call: at (<mark>561</mark> at (、368-5611		
	of Contact Person		de & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made		•		
□ \$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)		
	ling Address	Street Address			
	endment Section	Amendment Section			
	ision of Corporations Box 6327		on of Corporations		
	ahassee, FL 32314	Clifton Building 2661 Executive Center Circle			
		Tallahassee, FL 32301			

Articles of Amendment Articles of Incorporation

RASF CLINICAL RESEARCH, INC

14 AUG 11 PM 4: 48

(Name of Corporation as currently filed with the Florida Dept. of State) SECRETARY OF STATE. TALLAHASSEE, FLORIDA P99000029897

poration (ar k	nown)	t	
tutes, this <i>Fl</i>	orida Profit Corpe	oration adopts the	following amendm
ration:			
			The ne
Inc," or "Co	o". A professiona	"incorporated" l corporation nar	or the abbreviatio
<u>SS</u>)			
			
		···	
office addres	s in Florida, ente	r the name of the	:
ce address:			-
		····	
(Florida street	(address)		
		. Florida	
(City)			Code)
red Agent:			
ı familiar wit	h and accept the o	bligations of the p	oosition.
egistered Ag	ent if changing		
	ration: ration: rorporation, Inc," or "Coveriation "P. SS) office address: readdress: (City)	ration: corporation," "company," or Inc," or "Co". A professional reviation "P.A." SS) office address in Florida, enter re address: (City) red Agent:	tutes, this Florida Profit Corporation adopts the ration: Forporation," "company," or "incorporated" for," or "Co". A professional corporation nareviation "P.A." SSS) Office address in Florida, enter the name of the readdress: (Florida street address) Florida (City) (Zip) red Agent: familiar with and accept the obligations of the professional corporation of the professio

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.

X Change	<u>PT</u>	John Doe				
X Remove	<u>V</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	D	KOREY ULLRICH	1050 NW 15TH ST 212A			
✓ Add			BOCA RATON FL 33486			
Remove						
2) Change	Р	IRA PARDO	1050 NW 15TH ST 212A			
Add			BOCA RATON FL 33486			
Remove						
3) Change						
Add						
4) Change						
Add						
Remove						
5) Change	<u> </u>		<u> </u>			
Add						
Remove						
6) Change		<u> </u>				
Add						
Remove						

	mai sneets, if ne	ecessary).	(Be specific)			
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provisions fo	or implementin	ng the amend	nge, reclassific	eation, or cance	llation of issued nmendment itsel	shares,

The date of each amendment(s) adoption: 08/01/2014	, if other than th
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	ndment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and sh action was not required.	areholder
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	older
Dated 818114	
Signature Julio	
(By a director, president or other officer – if directors or officers have n selected, by an incorporator – if in the hands of a receiver, trustee, or of appointed fiduciary by that fiduciary)	
IRA PARDO	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	