P99000035845

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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: IMMUGEN PHARMACEUTICALS INC. P99000035845 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: CRAIG TRAVIS Name of Contact Person IMMUGEN PHARMACEUTICALS INC. Firm/ Company 5901 SW 87th St. Address South Miami, Florida 33143 City/ State and Zip Code CRT@IMMUGEN.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Don Steinberg Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee □\$43.75 Filing Fee & **□\$43.75** Filing Fee &. \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment to Articles of Incorporation of

IMMUGEN PHARMACEUTICALS INC.

(Name of Corporation as currently filed with the P99000035845	Florida Dept. of State)	_
(Document Number of Corporation ((if known)	_
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following	ng amendment(s) to
A. If amending name, enter the new name of the corporation:		
n/a		_The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must	abbreviation contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	n/a	_
C. Enter new mailing address, if applicable:		- - 13
(Mailing address MAY BE A POST OFFICE BOX)	n/a	CONTINUED ON THE CONTINUE OF C
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address		PN 252
Name of New Registered Agent n/a		
(Florida st	treet address)	
New Registered Office Address:	, Florida	_
(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	<u>t:</u> with and accept the obligations of the position,	
Signature of New Registered	Agent, if changing	

'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 <math>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.

Example:							
X Change	PT	John Do	<u>e</u>				
X Remove	<u>v</u>	Mike Jo	nes				
X Add	<u>sv</u>	Sally Sn	<u>nith</u>				
Type of Action (Check One)	<u>Title</u>		Name				Address
1) Change		niga.		. · · · · · · · · · · · · · · · · · · ·			
Add							
Remove							See Market and White India Market Mar
2) Change							
Add						,	the second of th
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Remove							**************************************
3) Change	***************************************				**************************************		to the state of th
Add							
Remove							AMAGES AND
4) Change							
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Add							
Remove							
5) Change							
Add						•	
Remove						•	······································
Kelliove							
6) Change		_				-	
Add							
Remove							

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
Amendment to increase the authorized shares of common stock
from 10,000,000 (10 million) to 100,000,000 (100 million).
F. If an amendment provides for an 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)
N/A

The date of each amendment(s)	adoption: January 24, 2013
Effective date if applicable:	January 30, 2013
<u></u>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	ist for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder
_{Dated} Jan	uary 24, 2013
Signature	(new R (nows)
selec	a director, president or other officer — if directors or officers have not been cled, by an incorporator— if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	Craig Travis
	(Typed or printed name of person signing)
	CEO
	(Title of person signing)