## 512543

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SECRETARY OF STATE DIVISION OF CORPORATIONS

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## **COVER LETTER**

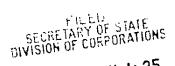
TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: RADIAT	ION PHYSICS	INCORPORATED
DOCUMENT NUMBI		2543	
The enclosed Articles of	f Amendment and fee are su	ubmitted for filing.	
Please return all corresp	ondence concerning this ma	atter to the following:	
	$\mathcal{M}$	ICAEL G	AZ DA
_		Name of Contact Perso	n
-		Firm/ Company	
_	2263 S	.W 37 Au	E APT. 714
	MIA M	T F( 331)	45
	M gatua(E-mail address: (to be u	Address  FL 3314  City/ State and Zip Cod  Sector future annual report	notification)
For further information	concerning this matter, plea	se call:	
MICHAE ON Name of	Contact Person	at ( <u>786</u> 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 Fec	\$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)
Mailing Address Amendment Section Division of Corporations		Amend Division	Address Iment Section on of Corporations

Tallahassee, FL 32314

Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



	of	•	Ottion	DM 1: 35
RADIATION (Name of Corporation as curr	PHSSTCS	TNCORPORA	TED 14 HOV 14	PH 1.00
(Name of Corporation as curr	ently filed with the Flo	rida Dept. of State)		
5	112543			
	nber of Corporation (if I	(nown)		
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this F	lorida Profit Corporation	n adopts the following a	mendment(s) to
A. If amending name, enter the new name o	f the corporation:			
A I A				_
name must be distinguishable and contain to "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "Co	o". A professional corp	rporated" or the abbr	he new reviation ntain the
B. Enter new principal office address, if app (Principal office address MUST BE A STREE	licable:	NA		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI		ΝΑ		
D. If amending the registered agent and/or new registered agent and/or the new regi		s in Florida, enter the i	name of the	
Name of New Registered Agent	NF			
	(Florida stree	t address)		
New Registered Office Address:		, Flori	da	
	(City)	,1100	(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered a Signature.	ng Registered Agent: gent. I am familiar wit  Free of New Registered Ag		ions of the position.	
Signutur	e of them negistered Ag	ст, у спапуту		

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.

Example: X Change	<u>PT</u>	John Do	<u>De</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Si	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	PC	<u> </u>	PISCIOTTA VINCENT	3909 NE 1705-
Add			/	NORTH MEANT BEACH, FL 3316
Remove				
2) Change	P		GAZDA NICHAEL	2263 Sw 37 Aug APT. 714 INTAMI, FC 33145
Add			)	APT. 714
Remove				MIAMI, FC 33145
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

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Anach	iding or adding add additional sheets, if	necessary). (i	Be specific)			
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f an an	nendment provides	for an exchang	e, reclassifica	ation, or cance	llation of issued	shares,
provis	<mark>ions for implementi</mark> Inot applicable, indi	ng the amenda	nent if not co	ntained in the a	<u>imendment itself</u>	<u>:</u>
A .	Λ	cate 1471)				
<u>IU /</u>	4					
		<del> </del>				
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The date of each amendment(s) adoption	:Nov.	3, 2014	SECRETARY OF STATE  SECRETARY OF STATE  UNVISION OF OTHER MANTHE
date this document was signed.  Effective date if applicable:	(no more than 90 de	ays after amendment file date)	14 NOV 14 PH 1:35
Adoption of Amendment(s)	( <u>CHECK ONE</u> )		
the amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of the shareholders.	mber of votes cast for the amer	ndment(s)
The amendment(s) was/were approved be must be separately provided for each ve			
"The number of votes cast for the	amendment(s) was/were su	ifficient for approval	
by		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
· · · · · · · · · · · · · · · · · · ·	(voting group)		
The amendment(s) was/were adopted by action was not required.  The amendment(s) was/were adopted by			
action was not required.  Dated	3/14	_	
Signature	N//		
selected, by an	president or other officer - incorporator – if in the ha ciary by that fiduciary)	if directors or officers have n nds of a receiver, trustee, or ot	ot been her court
	Michael	Garra	
	(Typed or print	ed name of person signing)	
	(Title o	f person signing)	<del></del>