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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: RADIATE	ION CONTROL INC.		
NAME OF CORPORATION: RADIATE  DOCUMENT NUMBER: POHOO	0070804	_	
The enclosed Articles of Amendment and fee are sub	bmitted for filing.		
Please return all correspondence concerning this matt	ter to the following:		
W	Name of Contact Person		
	Name of Contact Person		
	M DEER LANE DR.		
,,		<del></del>	
M.			
	Address		
TAI	City/ State and Zip Code /	17	
	City/ State and Zin Code /		
	City State and Asp Code 1		
RADCONTROL @	EMBARQMAIL. COM, ed for future annual report notification)	_	
E-mail address: (to be use	ed for future annual report notification)		
For further information concerning this matter, please	e call:		
I LA TER CAPETO	CC CIG ×626	: 1	
WALLER COPER	at ( <u>850</u> ) <u>519 - 535</u> Area Code & Daytime Telephone No	<i>i</i>	
Name of Contact Person :	Area Code & Daytime Telephone N	umber	
Enclosed is a check for the following amount made p	payable to the Florida Department of State:		
S35 Filing Fee S43.75 Filing Fee See Certificate of Status	☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address	Street Address		
Amendment Section	Amendment Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle		
t arrando800, FT, 52514	Tallahassee, FL 32301		

## Articles of Amendment

Articles of Incorporation

## FILED

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Poyo	100070804
(Document N	Number of Corporation (if known)
Pursuant to the provisions of section 607,1006. Florida Statitts Articles of Incorporation:	utes, this Florida Profit Corporation adopts the following amendmen
A. If amending name, enter the new name of the corporate	ration:
	27
name must be distinguishable and contain the word "co "Corp.," "Inc.," or Co.," or the designation "Corp," "In word "chartered," "professional association," or the abbre	The new orporation," "company," or "incorporated" or the abbreviation inc," or "Co". A professional corporation name must contain the eviation "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRES	<u>SS</u> )
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered of	
new registered agent and/or the new registered office	e address:
Name of New Registered Agent	
<del></del>	Florida street address)
New Registered Office Address:	, Florida
	(only
New Registered Agent's Signature, if changing Registers	red Agent:
I hereby accept the appointment as registered agent. I am	
C!t	vat Van Bagistarad tagut itahagaina

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 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: <u>X</u> Change	<u>PT</u> <u>John De</u>	<u>oe</u>		
X Remove	<u>V</u> <u>Mike Jo</u>	<u>ones</u>		
X Add	<u>SV</u> <u>Sally Sı</u>	mith_		
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s	
1) Ohange	V/T/D	PETER M. COFER	TAMPA, FL 3	
Remove	( <del>)</del>			
2) Add	V/T/D	ELEANOR K. COFEIR	TALLAH ASSOT, FI	- 35315 Du.
Remove 3) Change Add				
Remove 4) Change				
Add Remove				
5) Change Add				
Remove				
6) Change Add			·	
Remove				

_	ling additional Ar heets, if necessary).					
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f an amendment p	rovides for an exc	hange, reclassif	ication, or cancel	lation of issued sh	ares.	
provisions for imp	lementing the am-	hange, reclassif endment if not c	ication, or cancel contained in the a	lation of issued sl mendment itself:	ares.	
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	<del></del>
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	I not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes east 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 shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated $10/2.5/18$ Signature $Nalls$ Left	
(By a director, president or wher officer - if directors or officers have not been	_
selected, by an incorporato — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	••
WALTER COFER	
(Typed or printed name of person signing)	
PRESIDENT CHAIR / SEC. / DTV2.	
(Title of person signing)	