PD7000135599

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(Ac	ddress)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORI	PORATION:	Nuvad Technologies, i	nc.
DOCUMENT NU	MBER:	P07000135599	l
The enclosed Artic	cles of Amendment and fee a	are submitted for filing.	
Please return all co	orrespondence concerning th	is matter to the following:	
		Christopher Billings Name of Contact Person	
	r	taile of Contact Ferson	
		e-Medtechs, Inc	·
		Firm/ Company	
	4320 Deerwo	ood Lake Pkwy Suite 101-425	
		Address	
		cksonville, FL 32216	
	С	City/ State and Zip Code	
	chris@ E-mail address: (to be use	e-medtechs.com	
For further informa	ation concerning this matter,	please call:	
	ristopher Billings	4t (608-2367
Name	of Contact Person	Area Code & Daytime Te	elephone Number
Enclosed is a checl	k for the following amount n	nade payable to the Florida Depar	rtment of State:
□ \$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)
P.O. Box 63	t Section Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circ	le

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Nuvad Technologies	,Inc•		
(Name of Corporation as currently filed with the Florida Dept. of State)			
P07000135599			
(Document Number of Corporati	ion (if known)		
Pursuant to the provisions of section 607.1006, Florida Statut amendment(s) to its Articles of Incorporation:	es, this <i>Florida Prof</i>	Tit Corporation adopts the following	
A. If amending name, enter the new name of the corporation	<u>n:</u>		
e-Medtechs Inc.		The new	
name must be distinguishable and contain the word "corp abbreviation "Corp.," "Inc.," or Co.," or the designation "Co name must contain the word "chartered," "professional associa	orp," "Inc," or "Co"	'. A professional corporation	
B. Enter new principal office address, if applicable:	4320 Deerwood	Lake Pkwy	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Suite 101-425		
	Jacksonville, FL	32216	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		11 AUS 22	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add Name of New Registered Agent:		enter the name of the	
New Registered Office Address: (Flori	da street address)		
		, Florida	
(City)	((Zip Code)	
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am familiary		he 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			Add
	ding or adding additional Articles, ent dditional sheets, if necessary). (Be spe		
provisi	mendment provides for an exchange, rons for implementing the amendment not applicable, indicate N/A)		

The date of each amendment(s)	•
**************************************	(date of adoption is required)
Effective date <u>if applicable</u> :	no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were aby 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 statemer for each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	st for the amendment(s) was/were sufficient for approval
by	oting group)
action was not required.	adopted by the board of directors without shareholder action and shareholder
action was not required.	dopted by the incorporators without shareholder action and shareholder
Dated	1 AUA II
selecte	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court sted fiduciary by that fiduciary)
_	(Typed or printed name of person signing)
	(Typed or printed name of person signing)
	DIRECTOR
· ·	(Title of person signing)