P07000135599

	equestor's Name)	<u> </u>	
· (Ad	ddress)		
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(Ci	ity/State/Zip/Phon	ne #)	
PICK-UP	WAIT	MAIL	
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SECREIARY OF STATE ALLAHASSEE, FLORID,

N. C. C.COULLIETTE

FEB 07 2012

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: e-Medte	chs, Inc
DOCUMENT NUMBER: P07000135	5599
The enclosed Articles of Amendment and fee a	re submitted for filing.
Please return all correspondence concerning thi	s matter to the following:
Christopher Bi	llings
	Name of Contact Person
e-medtechs, ir	IC
	Firm/ Company
4320 Deerwoo	d Lake Pkwy Suite 101-425
	Address
Jacksonville, F	ા 32216
	City/ State and Zip Code
christopher.billings	s@nuvad.com
•	be used for future annual report notification)
For further information concerning this matter,	please call:
Christopher Billings	at (904) 608-2367
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount m	ade payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of State	us Certified Copy Certificate of Status (Additional copy is Certified Copy
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 19, 2012

CHRISTOPHER BILLINGS E-MEDTECHS, INC 4320-DEERWOOD LAKE PKWY., STE 101-425 JACKSONVILLE, FL 32216

SUBJECT: E-MEDTECHS INC. Ref. Number: P07000135599

We have received your document for E-MEDTECHS INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLease complete the last page of your application, you must have all the information showing to meet statute requirements.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

Letter Number: 312A00001327



Articles of Amendment to Articles of Incorporation of

e-meatecns inc					
(Name of Corporation as curren	ntly filed with the Flor	rida Dept. of State)			
P07000135599					
(Document Numb	per of Corporation (if k	nown)		_	
Pursuant to the provisions of section 607.1006, Fits Articles of Incorporation:	Florida Statutes, this Flo	orida Profit Corporatio	on adopts the followi	ng amendment(s) to)
A. If amending name, enter the new name of	the corporation:				
Nuvad Technologies, Inc				The new	
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," of	Corp," "Inc," or "Co	" A professional cor	orporated" or the poration name must	abbreviation	
B. Enter new principal office address, if appli (Principal office address <u>MUST BE A STREET</u>					
				_ _	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	E BOX)			_	
•					
			· - · · - · · · · · · · · · · · · · · · · · · ·	_ ∑8 H	
D. If amending the registered agent and/or re new registered agent and/or the new regist	gistered office address	s in Florida, enter the	name of the	B.	~
Name of New Registered Agent	ered office address:			EB-7 AMIO: 5: (ETARY OF STATE (HASSEE, FLORID	F F
				AMIO:	_
-	(Florida street	address)		: 5 :	
New Registered Office Address:		, Floi	rida	Α ω	
The Manager of Spires Flathers.	(City)	, 1 101	(Zip Code)	_	
New Registered Agent's Signature, if changing	Registered Agent:				
I hereby accept the appointment as registered ag		and accept the obliga	tions of the position.		
Signature	of New Registered Age	nt, 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	<u>PT</u> Jo	hn Doe		
X Remove	<u>V</u> <u>M</u>	ike Jones		
X Add	<u>SV</u> <u>Sa</u>	ally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change Add Remove				
2) Change Add Remove		-		
3) Change Add Remove		-		
4) Change Add Remove		 		
5) Change Add Remove				<u></u>
6) Change Add Remove				

- · · · · · · · · · · · · · · · · · · ·	
	
	
in amendment provides for an exchange, reclassification, or cancellation	of issued shares,
ovisions for implementing the amendment if not contained in the amendi	ment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) add	option: OLGANIZ	
Effective date if applicable:		
	(no more than 90 days after amendment file da	te)
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adop by the shareholders was/were suff	oted by the shareholders. The number of votes cast for the auticient for approval.	mendment(s)
	oved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amendm	
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by		
•	(voting group)	
action was not required.	oted by the board of directors without shareholder action and oted by the incorporators without shareholder action and shareholder action	
Dated 6 F	EB(Z	
	ector, president or other officer if directors or officers have by an incorporator – if in the hands of a receiver, trustee, or	
	d fiduciary by that fiduciary)	
_	Citnisted item 3 (Links (Typed or printed name of person signing)	%
	(Typed or printed name of person signing)	
_	DIRETTER (Title of person signing)	√
_	(Title of person signing)	