P12000079951

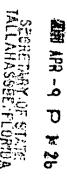
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	AATION: QUALMEDTRICS	inc.			
DOCUMENT NUMBER: P12000079951					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
	DARWIN ANG				
•	Name of Contact Person				
	Firm/ Company				
	10826 NW 18TH COURT				
,		Address			
	GAINESVILLE, FL 32606				
		City/ State and Zip Code			
vo.kri	stie@gmail.com		•		
	E-mail address: (to be us	ed for future annual report	notification)		
For further information concerning this matter, please call:					
DARWIN ANG		at (352	213-1473		
Name o	of Contact Person	Area Coo	de & Daytime Telephone Number		
Enclosed is a check for	r the following amount made p	payable to the Florida Depa	ertment 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)		
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301		

Articles of Amendment to Articles of Incorporation of

QUALMEDTRICS, INC. (Name of Corporation as currently filed with the Florida Dept. of State) P12000079951 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: DARWIN ANG P.A. The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</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 office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) , Florida New Registered Office Address: (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: New Registered Agent's Signature, 11 changing Registered Agent.

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the positions of the positions. مً 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: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally 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			
£) (1			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
· · · · · · · · · · · · · · · · · · ·	
SUSINESS PURPOSE:	
PROFESSOINAL ASSOCIATION FOR THE SPECIFIC PURPOSE OF PROVIDIN	G MEDICAL AND HEALTH
ELATED CONSULTING SERVICES.	
 If an amendment provides for an exchange, reclassification, or cancellation of iss provisions for implementing the amendment if not contained in the amendment 	ueg snares, itself:
(if not applicable, indicate N/A)	
	<u> </u>

The dist of each amendment(s) adoption:	ther than
Affective date Lauralicables 4/5/18	
the mire than 27 that often ministered the things	
over if the due inserted in this block does not exert the applicable security filing requirements. This date will that be occurred a clienter due on the Department of State's recents.	listed no
doption of Amendments) (CHECK ONE)	
The amendment(s) was were sufficient by the shareholders. The number of votes easilier the emerclassial(s) by the shareholders was were sufficient for approval.	
I The amendment to was wase approved by the streetholders through weday groups. The following statement many the second statement is made approach to the provided for each scale group and the track approach to the approach to the approach.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
The center of wars can fix the introduces(s) was were sufficient for experient	
frontes groups [7] Le amendment(s) was were proposed by the board of directors without shareholder action and shareholder	
arters was not required.	
I lde sciendinscrift) was were scienced by the exceptrators without the cholden seat in sout than dealth. Activate was not required.	
Parcial 09/04/2016	
Spane	
(By a director, president of other officer - If directors or officer have not been specified, by an incorporator - If in the lambs of a receiver trastee or other court appeared fiduciary by that following)	
DRWINASC	
(1) red & prized films of person serving)	
PRESIDENT	
(Tilf of person signing)	
(Tille of person signing)	