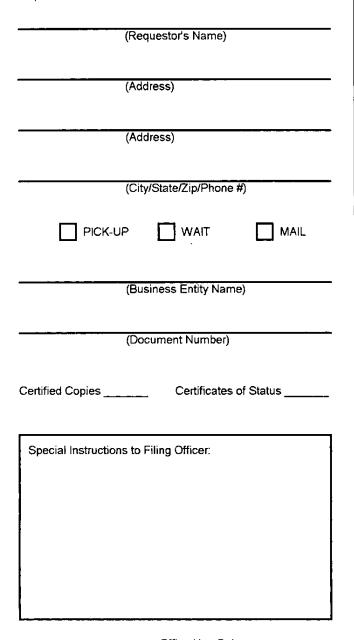
## P13000037437



Office Use Only



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SECRETARY OF STATE THE SECRETARY OF CORPORATION

08/26/13--01026--023 \*\*35.00

AUG 2 9 2013 T. BROWN

## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Non-Invasive Delivery Solutions, Inc. P13000037437 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Troy G. Fohrman Name of Contact Person Non-Invasive Solutions, Inc. Firm/ Company 2100 SE Rays Way Address Stuart, FL 34994 City/ State and Zip Code tfohrman@nobodylikesneedles.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Troy G. Fohrman Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$52.50 Filing Fee ■ \$35 Filing Fee **□\$43.75** Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed)

**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

## **Articles of Amendment** to **Articles of Incorporation**

TIVISIONETA DILEN
13 AUG 26 PH 2
13 AUG 26 PM 3: 45

## Non-Invasive Delivery Solutions, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

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ent(s) to

(Document Number of Corporation	(if known)	
ursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	is Florida Profit Corporation adopts the follow	ing an
. If amending name, enter the new name of the corporation:		
Non-Invasive Solutions, Inc.		The
ame must be distinguishable and contain the word "corporat Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or ord "chartered," "professional association," or the abbreviation	"Co". A professional corporation name mu	abbre st cont
. Enter new principal office address, if applicable:	2100 SE Rays Way	
Principal office address <u>MUST BE A STREET ADDRESS</u> )	Stuart, FL 34994	_
		<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2100 SE Rays Way	
	Stuart, FL 34994	
. If amending the registered agent and/or registered office ad		
new registered agent and/or the new registered office addre	<u>:58:</u>	
Name of New Registered Agent		
(Florida	street address)	
New Registered Office Address:	, Florida	
New Registered Office Address.	(zip Code)	
(Ci		
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(Ci	nt:	

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 Do	•	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		<u>Name</u>	Address
1) Change	<del></del>	_		
Add				
Remove				
2) Change		<del></del>		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add		<u> </u>		
Remove				
5) Change		<del></del>		
Add				
Remove				
6) Change				
6) Change				
Add				
Remove				

hange, reclassification, or cancellation of issued shares,
endment if not contained in the amendment itself:

The date of each amendment(s) ad date this document was signed.	option:	_, if other than th
•		
Effective date if applicable:	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adop by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast i	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adoraction was not required.	pted by the board of directors without shareholder action and shareholder	
action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated_08-23	3-2013 31	
Signature	31	
(By a di selected	rector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court led fiduciary by that fiduciary)	<del>-</del>
	Troy G. Fohrman	
•	(Typed or printed name of person signing)	<del></del>
	C.O.O.	_
	—— (Title of person signing)	_