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R. WHITE



COVER LETTER

FO: Amendment Section Division of Corporations						
DOCUMENT NUMBER: PIU DOOD U5203						
DOCUMENT NUMBER: 7 1 0 000 0 3 203						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Please return all correspondence concerning this matter to the following: ANTONIO GULVIA Name of Contact Person Word Diggwort as Coip Firm/ Company 4019 W WATUS AUC C Address						
Name of Contact Person						
Nova Diagnostics Coip						
4019 W 419TUS AUC + C						
Address						
1 AMPA N 33414						
City/ State and Zip Code						
DIA						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
ANTONIO GULIA at 780, 2053186						
Name of Contact Person Area Code & Daytime Telephone Number						
Enclosed is a check for the following amount made payable to the Florida Department of State:						
\$35 Filing Fee						
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

17 FEB 27 PM 2: 39

	Articles of Incorpor	ation		
Nova	Diagnost	66 15	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	" - сд.
(Name of Corporation as currer	itly filed with the Florida	Dept. of State	<u>/</u>	<u></u>
PI	6 0000 65	103	,	
(Document Numb	per of Corporation (if know	m)		
Pursuant to the provisions of section 607.1006, F its Articles of Incorporation:	lorida Statutes, this Florid	a Profit Corpor	ration adopts the following	owing amendment(s) to
A. If amending name, enter the new name of t	he corporation:			
				The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Good "chartered." "professional association," of	Corp," "Inc," or "Co",	ompany," or " A professional	incorporated" or the corporation name n	he abbreviation nust contain the
B. Enter new principal office address, if applie (Principal office address MUST BE A STREET				
			<u> </u>	
				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)			
				
				
				
D. If amending the registered agent and/or reg new registered agent and/or the new registered	istered office address in l red office address:	Florida, enter t	<u>he name of the</u>	
Name of New Registered Agent				
	(Florida street addr	ess)		
New Registered Office Address:		, F	lorida	
	(City)		(Zip Code)	l

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the 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, an 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.

X Remove X Add Type of Action (Check One)	<u>V</u> <u>SV</u> <u>Title</u>	Mike Jones Sally Smith	
Type of Action	Title	-	
Type of Action (Check One)		NI.	
(2.102.11 3.10)		Name	· <u>Addres</u> s
Change Add	V <u>P</u>	Torres Noli	AND 4019 W WATER AVE SUITE C TAMPA K 33614
Remove 2) Change Add			<u> </u>
Remove 3) Change Add			
Remove 4) Change Add			
Change Add Remove			
6) Change Add			

	(Be specific)
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Fon amendment provides for an eych	onge reclassification or cancellation of issued shares
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
an amendment provides for an exchorovisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
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provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:

The date of each amendment(s) adoption: 2/22/17	, if other than the
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	
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 cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(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 2/22/17	
Signature H	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
Antonio GUEI19	
(Typed or printed name of person signing)	
prisident	
(Title of person signing)	