## P17000089568

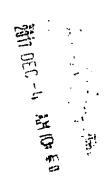
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	(ATION:	Hological Physics Inc.				
DOCUMENT NUME	DOCUMENT NUMBER: P17000089568					
	of Amendment and fee are su	bmitted for filing.				
Please return all corres	spondence concerning this ma	tter to the following:				
	Marcel M. Szal					
	Name of Contact Person					
	Consultants in Radiological Physics Inc.					
		Firm/ Company	· <u>" –</u>			
	2659 E. Gulf to Lake Hwy.	Unit 505				
	Address					
	Inverness FL 34453					
	<u> </u>	City/ State and Zip Code	<u> </u>			
FLCC	ONRADPHYSICS@GMAIL.	COM				
	-	sed for future annual report i	notification)			
For further information Kathleen A. Szal	n concerning this matter, pleas		637-2846			
Name of Contact Person		at ( Area Cod	637-2846 ) le & Daytime Telephone Number			
Enclosed is a check for	r the following amount made					
□ \$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)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amendi Division Clifton	Address nent Section 1 of Corporations Building Recutive Center Circle			

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



Consultants in Radiological Physicis Inc.

(Name o			
<del></del>	f Corporation as curren	tly filed with the Florida Dept. of State)	
P17000089568			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1 ts Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new na	me of the corporation:		
Consultants in Radiological Physics Inc.		The new	
	ation "Corp," "Inc," or	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the	
3. Enter new principal office address, if applicable:  Principal office address <u>MUST BE A STREET ADDRESS</u> )		Consultants in Radiological Physics Inc	
		2659 E. Gulf to Lake Hwy. Unit 505	
		Inverness FL 34453	
© Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Consultants in Radiological Physics Inc.	
		2659 E. Gulf to Lake Hwy. , Unit 505	
		Inverness FL 34453	
D. If amending the registered agent and new registered agent and/or the new			
Name of New Registered Agent	Marcel M. Szal		
<u> </u>	2659 E. Gulf to Lake IIv	vy Unit 505	
	(Florida s	treet address)	
New Registered Office Address:	Inverness	. Florida <sup>34453</sup>	

## 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.

X Change	<u>PT</u>	John Doe		
X Remove	$\underline{\mathbf{V}}$	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) X Change	<u>P</u>	Marcel M. Szal	2659 E. Gulf to Lake Hwy.	
Add			Unit 505	
Remove			Inverness FL 34453	
2) X Change	ST	Kathleen A. Szal	2659 E. Gulf to Lake Hwy.	
Add			Unit 505	
Remove			Inverness FL 34453	
3.) Change		<u> </u>		
Add			A Section 1 de la constantina della constantina	
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change			,	
		<del></del>		
Add				
Pamovo				

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
N/A	
<del></del>	
	<del> </del>
F. If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
N/A	
	<del></del>
- 1	
	***************************************

	11/27/2017	
The date of each amendment(s) a date this document was signed.		, if other than th
	27/2017	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this document's effective date on the De	block does not meet the applicable statutory filing requirements, this date will epartment of State's records.	I not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) ifficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
[1/27/201] Dated	7	
Signature	land M Local	_
selecte	lirector, 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 ted fiduciary by that fiduciary)	
	Marcel M. Szal	
	(Typed or printed name of person signing)	<del></del>
	President	
	(Title of person signing)	