## P13000009596

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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: NeuroEdge D	Piagnostics, Inc.
DOCUMENT NUMBER: P18000009590	
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this	matter to the following:
Harlan L. Paul, Esquire	
	Name of Contact Person
Paul, Elkind, Branz & K	Celton, P.A.
	Firm/ Company
142 E. New York Avenu	
	Address
DeLand, FL 32724	
	City/ State and Zip Code
hpaul@paulandelkind.com	
	e used for future annual report notification)
	,,
For further information concerning this matter, pl	ease call:
Harlan L. Paul	at ( ) 734-3020
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	de payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status	
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 Articles of Incorporation** of

NeuroEdge Diagnostics, Inc.		
(Name of Corporation as curre	ently filed with the Florida De	ept. of State)
P18000009590		
(Document Numbe	r of Corporation (if known)	
tursuant to the provisions of section 607.1006, Florida Statutes, the Articles of Incorporation:	nis Florida Profit Corporation	adopts the following amendment(s)
. If amending name, enter the new name of the corporation: N/A		
		The new
name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," of word "chartered," "professional association," or the abbreviation	r "Co". A professional corp	rporated" or the abbreviation oration name must contain the
B. Enter new principal office address, if applicable:	N/A	
Principal office address <u>MUST BE A STREET ADDRESS</u> )		
		· · · · · · · · · · · · · · · · · · ·
C. Enter new mailing address, if applicable:	N. 1.	
(Mailing address MAY BE A POST OFFICE BOX)	N/A	
) If amonding the periodonal agent and/an resistance of	ddwarain Flankia andan dha n	
<ol> <li>If amending the registered agent and/or registered office agent ew registered agent and/or the new registered office addr</li> </ol>		ame of the
N/A	<del></del>	
Name of New Registered Agent		
(Florida	street address)	
New Registered Office Address:		Florido
ivew Registereu Office Address.	(City)	, Florida(Zip Code)
	. ,,	
New Registered Agent's Signature, if changing Registered Age	ent:	
hereby accept the appointment as registered agent. I am familia		ons of the position.
		22 23
Signature of Nev	w Registered Agent, if changing	g B
Signature of Nev	w 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	VP	David Pitts	637 Riverpark Circle
X Add			Longwood, FL 32779
Remove			
2) Change	VP	Lisa Garrison	3251 Leighton Blvd.
X Add			Toano, VA 23168
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	additional Artic ts, if necessary).	(Be specific)	<u></u>		
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an amendment prov	ides for an excha	ange, reclassifica	tion, or cancellation	on of issued shares,	
orovisions for implen (if not applicable,	nenting the amen	dment if not con	tained in the amer	idment itself:	
(ij noi applicable,	inaicale N/A)				
		_			
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The date of each amendment(s) adoption:, if	other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	listed as the
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)	
☐ 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  Signature  (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)  (Typed or printed name of person signing)	
Pass.	

(Title of person signing)