P1800055784

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	RATION: RADIANCE MED	ICAL SOLUTIONS INC	· .
DOCUMENT NUM		<u> </u>	
•	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	JONATHAN TANNER		·
		Name of Contact Person	
	RADIANCE MEDICAL SOI	LUTIONS INC	
		Firm/ Company	
	19455 GULF BLVD, SUITE	3A	
		Address	
	INDIAN SHORES, FL 3378	5	,
		City/ State and Zip Code	;
.т.@i	RADIANCEHQ.COM		
	=	ed for future annual report	notification)
			······································
For further informatio	n concerning this matter, pleas	se call:	
JONATHAN TANNE	ER	at (381-3103
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	rtment of State:
☐ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
Amo Div	ling Address endment Section sion of Corporations Box 6327	Amend Divisio	Address ment Section n of Corporations Building

2661 Executive Center Circle Tallahassee, FL 32301

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Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

FILED

RADIANCE MEDICAL SOLUTIONS INC SULL FIELD (Name of Corporation as currently filed with the Florida Dept. of State) P18000055724 (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: 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." 19455 GULF BLVD B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) SUITE 3A INDIAN SHORES, FL 33785 C. Enter new mailing address, if applicable: 19455 GULF BLVD (Mailing address MAY BE A POST OFFICE BOX) SUITE 3A INDIAN SHORES, FL 33785 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: RICHARD STEINKOHL Name of New Registered Agent 95 NE 4TH AVENUE, SUITE 2 (Florida street address) DELRAY BEACH New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: Thereby 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, 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 Remov	re ·	<u>v</u>	Mike Jones				
<u>X</u> Add		<u>sv</u>	Sally Smith	•			
Type of Ac (Check On		Title	<u>Name</u>		,	Address	
1)C		P	KELLY V	VOLFE		454 20TH AVE	
A	\dd					INDIAN ROCKS BEACH, FL	
<u>x</u> _ R	Remove					33785	
2) C	hange	CEO	JONATH	AN TANNER		19455 GULF BLVD	
x	vdd					SUITE 3A	
	Remove					INDIAN SHORES, FL 33785	
3)(v	RICHARI	D STEINKOHL		2938 WEST BAY DRIVE	
Y	add					SUITE 3A	
	lemove					INDIAN SHORES, FL 33785	
	_						·
4)C							
	add Lemove						
5) C	hange				•		
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	hanaa waalarrifiaat	ion, or cancellation	of issued share	PG.	
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provisions for implementing the am	endment if not con	ained in the amend	iment itself:		

• • •	NOVEMBER 27, 2018		
The date of each amendment(s)	doption:		_, if other than the
date this document was signed.			
Effective date <u>if applicable</u> :			
	(no more than 90 days a	fter amendment file date)	
Note: If the date inserted in this document's effective date on the I		tutory filing requirements, this date will	not be listed as th
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were as by the shareholders was/were	opted by the shareholders. The number ufficient for approval.	of votes cast for the amendment(s)	
	proved by the shareholders through voti reach voting group entitled to vote sept		
"The number of votes cas	t for the amendment(s) was/were suffici	ent for approval	
by	(voting group)	,n	
	(voting group)		
The amendment(s) was/were as action was not required.	opted by the board of directors without	shareholder action and shareholder	
☐ The amendment(s) was/were as action was not required.	opted by the incorporators without share	eholder action and shareholder	
_	BER 27, 2018		
DatedSignature	Muhel Steenful		
(By a select	director, president or other officer – if ded, by an incorporator – if in the hands onted fiduciary by that fiduciary)		_
	RICHARD STEINKOHL		
	(Typed or printed name of	person signing)	
	VICE PRESIDENT		
•	(Title of person	n signing)	