## P19000015321

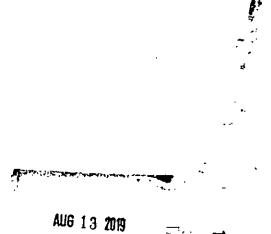
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S. YOUNG

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## COVER LETTER 3

**TO:** Amendment Section Division of Corporations

NAME OF COR	RPORATION: CLINICAL MRI	PADS INC	
	UMBER: P19000015321		
	icles of Amendment and fee are s	submitted for filing.	
Please return all o	correspondence concerning this m	natter to the following:	
	JAMES B WILLS JR		
	7.50	Name of Contact Perso	n
	A WILLS there's A WAY,	inc.	
		Firm/ Company	
	1576 BELLA CRUZ DRIV	E PMB 324	
		Address	
	THE VILLAGES, FL 3215	9	
		City/ State and Zip Cod	c
For further inform	E-mail address: (to be a	used for future annual report ase call:	notification)
JAMES B WILL	S JR	at ( <u>302</u>	241-3345
N	ame of Contact Person		ode & Daytime Telephone Number
Enclosed is a che	ck for the following amount made	e payable to the Florida Depa	artment of State:
S35 Filing Fe	ce □\$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	Ameno Divisio Cliftor 2661 E	Address Iment Section on of Corporations a Building Executive Center Circle assee, FL 32301

## Articles of Amendment to Articles of Incorporation of

71	INU	( A	B 1	1 (1	T) A	DC	INC
		UM	IV.	ĸı	11/1	L) O	INC

(Name of Corporation as curren	tly filed with the Florida Dept. of State)			
P19000015321				
(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s)			
A. If amending name, enter the new name of the corporation:				
A WILLS there's A Way, inc.	The new			
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the			
B. Enter new principal office address, if applicable:	1576 BELLA CRUZ DRIVE PMB 324			
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	THE VILLAGES, FL 32159			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1576 BELLA CRUZ DRIVE PMB 324			
	THE VILLAGES, FL 32159			
D. If amending the registered agent and/or registered office adenew registered agent and/or the new registered office address				
Name of New Registered Agent				
1576 BELLA CRUZ DR				
(Florida s	treet address)			
New Registered Office Address:	, Florida			
	(City) (Zip Code)			
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familian	nt: r 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 Remove	<u>V</u>	Mike Jones		
<u>X</u> Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address	
1) x Change	РТ	JAMES B WILLS JR	1315 TEAKWOOD LANE	
Add			THE VILLAGES, FL 32159	
Remove				
2) Change				
Add				
Remove				
3 ) Change				
Add				
Remove				
4) Change	_			
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

f amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)			
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<u> </u>		<u>.</u>		
<u></u>				
f an amendment provides for an exc provisions for implementing the amo	hange, reclassificatio	on, or cancellation	of issued shares,	
(if not applicable, indicate N/A)	indirent ir not Conta	med in the amend	mene usen.	
			•	
<del></del>				
			_	

The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not document's effective date on the Department of St	meet the applicable statutory filing requirements, this date will not be listed as the ate's records.
Adoption of Amendment(s) (CHE	CK ONE)
☐ The amendment(s) was/were adopted by the sh by the shareholders was/were sufficient for app	archolders. The number of votes cast for the amendment(s) proval.
☐ The amendment(s) was/were approved by the s must be separately provided for each voting ga	hareholders through voting groups. The following statement roup entitled to vote separately on the amendment(s):
"The number of votes cast for the amend	ment(s) was/were sufficient for approval
by	
(votin	g group)
☐ The amendment(s) was/were adopted by the be action was not required.	ard of directors without shareholder action and shareholder
■ The amendment(s) was/were adopted by the in action was not required.	corporators without shareholder action and shareholder
Dated 8/6/1 Signature James 5	9
Signature James Jo	Wills
Hya director, preside	ent or other officer / it/directors or officers have not been porator – if in the hands of a receiver, trustee, or other court
JAMES B W	LLS JR
(T	yped or printed name of person signing)
PRESIDENT	
	(Title of person signing)