P22000038706

| (Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: | |
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| (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status | (Requestor's Name) |
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Office Use Only



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07/11/22--01013--003 **35.00





COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR | RATION:CLEAR SMILE | LAB INC. | |
|--------------------------|--|--|---|
| DOCUMENT NUME | BER:P22000038706 | | |
| The enclosed Articles | of Amendment and fee are su | bmitted for filing. | |
| Please return all corres | spondence concerning this ma | tter to the following: | |
| | SEEMA JAIN | | |
| | <u>.</u> | Name of Contact Person | 1 |
| | AXIOM BUSINESS CONSU | JLTING LLC | |
| | | Firm/ Company | |
| | 13234 TELECOM DR | . , | |
| | | Address | |
| | TAMPA, FL 33637 | | _ |
| | | City/ State and Zip Cod | e |
| | DOCUMENTS@AXIOMBU | JSINESSCONSULTING.C | ОМ |
| | E-mail address: (to be us | sed for future annual report | notification) |
| for further information | n concerning this matter, pleas | se call: | |
| SEEMA JAIN | | at (| 977-0089 |
| Name o | of Contact Person | Area Co | de & Daytime Telephone Number |
| inclosed is a check fo | r the following amount made | payable to the Florida Dep | artment of State: |
| S35 Filing Fee | ☐\$43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Ame Divi P.O. | ling Address indment Section sion of Corporations Box 6327 thassee, FL 32314 | Ameno Divisio The C 2415 i | Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303 |

Articles of Amendment to Articles of Incorporation of

CLEAR SMILE LAB INC

| (Name of Corporation as currently filed with the F | (lorida Dept. of State) |
|--|--|
| P22000038706 | |
| (Document Number of Corporation (if k | Known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Contests</i> Articles of Incorporation: | rporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation: | |
| MEDTECHPROD INC. | The new |
| name must be distinguishable and contain the word "corporation," "company," or "inc Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A professional con chartered," "professional association," or the abbreviation "P.4." | corporated" or the abbreviation "Corp.," |
| B. Enter new principal office address, if applicable: | 202 |
| Principal office address MUST BE A STREET ADDRESS) | FI G TI |
| | |
| | <u> </u> |
| C. Enter new mailing address, if applicable: | m, p III |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| | ် နောင်း ဟ |
| | |
| | |
| If amending the registered agent and/or registered office address in Florida, er new registered agent and/or the new registered office address: | nter the name of the |
| Name of New Registered Agent | |
| | |
| (Florida street address) | |
| Non-Bouleton LOG- Lillian | 1Ma ai Ja |
| New Registered Office Address: (City) | , Florida (Zip Code) |
| | |
| New Registered Agent's Signature, if changing Registered Agent: | |
| hereby accept the appointment as registered agent. I am familiar with and accept the | e obligations of the position. |
| | |
| | |
| O: | C-1 |
| Signature of New Registered Agent, if | cnanging |

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

J 114

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>•</u> <u>sv</u> | Sally Smith | | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s | |
| 1) Change | | | | - |
| Add | | | | - |
| Remove | | | | |
| 2) Change | | | | _ |
| Add | | | 2022 | - |
| Remove 3) Change | | | | |
| Add | | | A:: - | |
| Remove | | | <u></u> | |
| 4) Change | | | 2: 5 | - |
| Add | | | 100 | - |
| Remove | | | | |
| 5) Change | | | | - |
| Add | | | | - |
| Remove | | | | |
| 6)Change | | | | |
| Add | | | | - |
| Remove | | | | |

| Attach additional sheets, if necessary). (Be specific) | |
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| an amendment provides for an exchange, reclassification, or cancellation of issued sha | ares, |
| orovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) | |
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| , . The date of each amendment(s) add | JUNE 30, 2022 | . if oth | ner than the |
|--|--|--|--------------|
| date this document was signed. | | , , , , , , , , , , , , , , , , , , , | |
| Effective date <u>if applicable</u> : | JUNE 30, 2022 (no more than 90 days after amend. | Iment file data) | _ |
| | (no more tran 30 tazys tipler timera. | ment fre tare) | |
| Note: If the date inserted in this blo document's effective date on the Dep | ck does not meet the applicable statutory filin artment of State's records. | ng requirements, this date will not be l | isted as the |
| Adoption of Amendment(s) | (CHECK ONE) | | |
| ☐ The amendment(s) was/were adop action was not required. | red by the incorporators, or board of directors v | without shareholder action and sharehol | der |
| ■ The amendment(s) was/were adop by the shareholders was/were suff | ed by the shareholders. The number of votes cicient for approval. | east for the amendment(s) | |
| | wed by the shareholders through voting groups ach voting group entitled to vote separately on | s. The following statement the amendment(s): | |
| "The number of votes cast fo | r the amendment(s) was/were sufficient for app | the amendment(s): | <u> </u> |
| by | (voting group) | the amendment(s): proval PH RESIDENT PH | |
| JUNE 30, | 1022 | ASSEE FLORIDA | |
| selected. | for, president or other officer – if directors or by an incorporator – if in the hands of a receive fiduciary by that fiduciary) | officers have not been | |
| | CHRISTOPHE PUYMERAIL | - CAMUS | |
| _ | (Typed or printed name of person sign | ning) | |
| | PRESIDENT | | |
| _ | (Title of person signing) | | _ |

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