P170008305

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORAT	ION: ATLANTIC TEC	HNOLOGY, INC		
DOCUMENT NUMBER	P17000028305			
The enclosed Articles of A		bmitted for filing	, .	
Please return all correspon	dence concerning this ma	tter to the follow	ing:	
RA	YMOND PENA			
_		Name of Con	tact Person	
		Firm/ Co	mpany	.
112	1 FAIRLAKE TRACE, A	APT. 2409		
WE	STON, FL 33326	Addro	ess	
		City/ State and	d Zip Code	
ray	penarealty@gmail.com			
	E-mail address: (to be us	sed for future ann	ual report n	otification)
For further information co	ncerning this matter, pleas	se call:		
RAYMOND PENA		at (954	288-7362
Name of Contact Person			Area Cod	e & Daytime Telephone Number
Enclosed is a check for the	following amount made	payable to the Flo	orida Depar	tment of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	\$43.75 Filin Certified Co (Additional c enclosed)	ру	\$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		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment . to Articles of Incorporation of

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A.

ATLANTIC TECHNOLOGY, INC.

(Name of Corporation as currer	ntly filed with the Florida Dept. of State)
P17000028305	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation: ATLANTIC TECHNOLOGIES INC.	
name must be distinguishable and contain the word "corporate" "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: (Principal office address MUST BE A STREET ADDRESS)	NOT APPLICABLE
	<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NOT APPLICABLE
If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre	
Name of New Registered AgentN	NOT APPLICABLE
(Florida s	street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am familian	
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>y</u>	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	Title	<u>Name</u>			<u>Addres</u> s	
1) N/A Change	· 					
Add Remove						
2) N/A Change						
Add	-		·· ·			
Remove						
3) Change						
Remove						
4) Change				•		
Add			•			<u>.</u>
Remove						
5) Change Add						
Remove						
6) Change		_	<u> </u>	·		
Add	•					
Remove						

Attach additional sheets, if necessary).	icles, enter c (Be specifi	c)			
NOT APPLICABLE		, .		•	
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S	ange, reclas	sification, or ca	ncellation of	issued shares,	
<u>f an amendment provides for an exch</u>				4 54 55	
provisions for implementing the amer		t contained in t	<u>he amendme</u>	nt itseii:	
or implementing the amer (if not applicable, indicate N/A)	ndment if no	t contained in t	<u>he amendme</u>		
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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 meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will not be 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 by the shareholders was/were sufficient for approval.	t(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	nent
"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 sharehold action was not required. ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder	der
action was not required.	
Dated	
Signature K. True—	
(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 cou appointed fiduciary by that fiduciary)	
RAYMOND PENA	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	