P930000026452

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PROTRANSMAS	TERS INC.	
	BER: P93000026452		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	Jack Spira		
		Name of Contact Persor	1
	Spira, Beadle & McGarrell P.	.A.	
		Firm/ Company	
	5205 Babcock St.		
		Address	
	Palm Bay, Florida 32905		
		City/ State and Zip Code	>
	jspira@sbmlawyers.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:	
Jack Spira		at (<u>321</u>	725-5000
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	☐\$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)
Ar Di P.(nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Amend Divisio The Co 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, F1, 32303

Articles of Amendment to Articles of Incorporation of

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(<u>Name c</u>	of Corporation as currently	filed with the Florida Dep	ot, of State)	<u>.</u>
P93000026452				
	(Document Number of 0	Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	orida Profit Corporation a	ndopts the following	g amendment(s) to
A. If amending name, enter the new na	ame of the corporation:			
	·			_The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Cochartered," "professional association,"	Corp," "Inc," or "Co". A	mpany," or "incorporated professional corporation i	" or the abbreviatio name must contain	n "Corp.," a the word
B. Enter new principal office address,	if applicable:			
(Principal office address MUST BE A S				
				<u></u>
C. Enter new mailing address, if apple (Mailing address MAY BE A POST)				
D. If amending the registered agent an		ss in Florida, enter the na	ime of the	
new registered agent and/or the new	<u> </u>		· · · · · · · · · · · · · · · · · · ·	
Name of New Registered Agent	VASUDEVA SADHOO			• • • • · · · · · · · · · · · · · · · ·
	1465 CLEARMONT St. N.I	Ξ.		[
	(Florida stree	rt address)	<u></u>	. [+]
Name Bonderon et Offices (Adminis	Palm Bay		32905	
New Registered Office Address:	- (0	City)	Zip C	Tode)
			ω	
New Registered Agent's Signature, if c				
I hereby accept the appointment as regist	tered agent Lam familiar wi - 7	th and accept the obligatio	ns of the position.	
	/			
C/a	Sidaa -)adhoo		
		gistered Agent, if changing		

Check if applicable

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

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	PT	John Doe	
X Remove	$\underline{\mathbf{V}}$	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	P	WILLIAM W. BOYDSTON	4245 BERRY RD.
Add			GRANT FL. 32949
X Remove			
2) Change	P	VASUDEVA SADHOO	1465 CLEARMONT ST.
X Add			PALM BAY, Fl. 32905
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	(Be specific)
	
<u>.</u> .	
	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:

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 bl document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will not be listed a partment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were ado action was not required.	oted by the incorporators, or board of directors without shareholder action and shareholder
The amendment(s) was/were ado by the shareholders was/were su	oted by the shareholders. The number of votes east for the amendment(s) Ticient for approval.
must be separately provided for	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s): For the amendment(s) was/were sufficient for approval
	• •
by	(voting group)
	rector, president or officer – if directors or officers have not been
	, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	(Title of person signing)