392347

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COVER LETTER

TO: Amendment Section Division of Corporations						
NAME OF CORPORATION:	ELTEC INSTRUMENTS,	INC.				
DOCUMENT NUMBER:	392347					
The enclosed Articles of Amenda	nent and fee are submitted for	filing.				
Please return all correspondence of	concerning this matter to the f	 offowing: 				
	VIRGINIA U	NGEWITTER				
	Name o	Contact Person				
	ELTEC INST	I JRUMENTS, INC.				
 ··	Fin	n/ Company				
	P.O. BOX 9	610				
		Address				
	DAYTONA BE	ACH, FL 32120-9610				
	City/ State and Zip Code					
	ACCOUNTING@ELTECINSTRUMENTS.COM					
E-mai	l address: (to be used for futu					
	·	·				
For further information concerning	g this matter, please call:					
VIRGINIA UNGEWITTER		at (386)252-0411				
Name of Contact I	Person	Area Code & Daytime Telephone Number				
Enclosed is a check for the follow	ring amount made payable to	 he Florida Department of State: 				
	difficate of Status Certiff	Filing Fee & LIS52.50 Filing Fee ed Copy Certificate of Status onal copy is Certified Copy ed) (Additional Copy is enclosed)				
Mailing Addre Amendment Se Division of Cor P.O. Box 6327 Tallahassee, FI	ction porations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, F1, 32301				

Articles of Amendment

to

Articles of Incorporation

nf

FILED

ELTEC INSTRUMENTS, INC. (Name of Corporation as currently filed with the Florida Dopt. antaka) 2- 30 (Document Number of Corporation (if known) AMAGEE, acc 392347 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." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) 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: N/A Name of New Registered Agent (Florida street address) New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. N/A Signature of New Registered Agent, if changing

•	•				
address of each Officer (Attach additional sheets, Please note the officer/di P = President; V= Vice Executive Officer; CFO held, President, Treasure Changes should be noted	and/or D , if necess frector title President = Chief I er, Directo I in the for twes the co	irector being ary) e by the first if T= Treasur financial Off. or would be I llowing mann orporation, S	g added: letter of the officer; S= Secretar licer. If an officer PTD, ner. Currently J Sally Smith is na	ve title: y; D= Director; TR er/director holds mo ohn Doe is listed as	cer/director being removed and title, name, and = Trustee; C = Chairman or Clerk; CEO = Chief ore than one title, list the first letter of each office the PST and Mike Jones is listed as the V. There is ese should be noted as John Doe, PT as a Change,
X Change	<u>PT</u>	<u>John Doe</u>			
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>N</u> a	une		<u>Addres</u> s
1) X Change	C,P.D	<u> </u>	SAMUEL D.	MOLLENKOF	350 FENTRESS BLVD
Add					DAYTONA BEACH, FL 32114
Remove					
2) Change					
Add					
Remove					
3) Change					
Add	-				
Remove					
Kenave					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
				1	

__ Remove

Attach additional sheets, if necessary). (Be specific)	
N/À	
-	
f an amendment provides for an exchange, reclassificati	on, or cancellation of issued shares,
provisions for implementing the amendment if not conta	ained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	
<u> </u>	

The date of each amendment(s) adoption:	, if other than the		
date this document was signed.			
Effective date <u>if applicable</u> :			
(no more tha	n 90 days after amendment file date)		
Note: If the date inserted in this block does not meet the ap- document's effective date on the Department of State's records	plicable statutory filing requirements, this date will not be listed as the		
Adoption of Amendment(s) (CHECK ONE)			
☐ The amendment(s) was/were adopted by the shareholders. I by the shareholders was/were sufficient for approval.	The number of votes cast for the amendment(s)		
☐ The amendment(s) was/were approved by the shareholders must be separately provided for each voting group entitled	through voting groups. The following statement to vote separately on the amendment(s):		
"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 direct action was not required.	ors without shareholder action and shareholder		
☐ The amendment(s) was/were adopted by the incorporators vaction was not required.	vithout shareholder action and shareholder		
Dated 05-13-2019-			
	officer – if directors or officers have not been the hands of a receiver, trustee, or other court ary)		
SAMUEL D. I	MOLLENKOF		
(Typed or print	ed name of person signing)		
CHA IRMAN O	THE BOARD, PRESIDENT		
(Ti	tle of person signing)		