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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:

DOCUMENT NUMBER:

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

J. GRAHAM PEHLOREW				
Name of Contact Person				
Custom Technical Service Duc.				
Firm/ Company				
958 RICH DRIVE				
Address				
ONIEDO FL. 32765				
City/ State and Zip Code				
CISINC 908 @ gmail. com.				
E-mail address: (to be used for future annual report notification)				

For further information concerning this matter, please call:

GRAHAM Pettigraw.	ar(407, 247-3222
Name of Contact Person	Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

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	Incorp	oration

Articles of Inco	rporation	
Custom Technical Ser	1.00	
(Name of Corporation as currently	UICO INC.	<u> </u>
P. 02000616		,
(Document Number of C		
·	•	
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	lorida Profit Corporation adopts the f	ollowing amendment(s) to
A. If amending name, enter the new name of the corporation:		
	N/A.	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "P	o". A professional corporation nam	r the abbreviation
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A.	
		<u></u>
C. Enter new mailing address, if applicable:	N/A-	7 21
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	19/11	<u>5</u>
		<u> </u>
D. If amending the registered agent and/or registered office addre	re in Florida, antay the name of the	
new registered agent and/or the new registered office address:	ss in Pioritia, enter the name of the	
Name of New Registered Agent	NIA	
. rame of the regimered rights		
(Florida stree	et address)	
	771 - 1 a	
New Registered Office Address: (0	, Florida, Florida	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the po	osition.
	i	
	NA	
Signature of New Re	gistered 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	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	Address
1) Change	Coo JOBERH COHE	_
Add _ X _ Remove		841600 FJ. 32765
2) Change Add	Coo. Thackery Ver	CH. 958 FICH DR. BUILDO H 37765
Remove 3) Change		
Add Remove		
4) Change Add		
Remove		
5) Change		
Add Remove		
6) Change		
Add		
Remove		

Hach additional shame if	litional Articles, ente	er changets	j nere.			
Mach additional sheets, if	recessary). (Be spe	cy(c)				
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an amendment provides	for an exchange, rec	<u>classificatio</u>	on, or cancella	tion of issued	shares,	
provisions for implement (if not applicable, indi	ng the amenument i	i not conta	ineg in the an	ienament itsei	11;	
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The date of each amendment(s) adoption:	5-	23-12.		, if other than the
late this document was signed.			····	, ii other than the
_	5 -	23-18		
Effective date <u>if applicable</u> :	(ma mana shara 0)	0 days after amendmen	t file data)	
	(no more man 90	ruays after amenamen.	jne uatej	
Note: If the date inserted in this block doe locument's effective date on the Department		able statutory filing red	quirements, this date will	not be listed as the
Adoption of Amendment(s)	CHECK ONE)			
The amendment(s) was/were adopted by the shareholders was/were sufficient for		number of votes east fo	or the amendment(s)	
☐ The amendment(s) was/were approved by must be separately provided for each vot.				
"The number of votes cast for the ar	nendment(s) was/wer	e sufficient for approva	1	
by			,,	
(voting group)		-	
 □ The amendment(s) was/were adopted by t action was not required. □ The amendment(s) was/were adopted by t 				
action was not required.	ne incorporators with	out snarenoider action a	uru shareholder	
Dated 5-23	3-18.			
Signature	PHUND	>		
		er – if directors or offic		
	ary by that fiduciary)	e hands of a receiver, tr	astee, or other court	
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		HAM to	HIGROW.	
	(Typed or printed i	name of person signing	,	
	tresi	DENT.		
	(Title o	of person signing)		

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