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(Cit	y/State/Zip/Phon	e #)
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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: SEQUIL Systems, Inc. DOCUMENT NUMBER: The enclosed *Articles of Amendment* and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Elena M. Gibson Name of Contact Person SEQUIL Systems, Inc. Firm/ Company 1 SE 4th Avenue, Suite 205 Address Delray Beach, FL 33483 City/ State and Zip Code elena@sequil.cm E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Elena Gibson Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Mailing Address **Street Address** Amendment Section Amendment Section **Division of Corporations** Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as current	ly filed with the Florid	a Dant of State)	
P02000064721	iv med with the Florid	a Dept. of State)	
	r of Corporation (if kno	wn)	
Pursuant to the provisions of section 607.1006, Immendment(s) to its Articles of Incorporation:	Florida Statutes, this F	lorida Profit Corporati	on adopts the following
A. If amending name, enter the new name of th	e corporation:		
			The new
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the de name must contain the word "chartered," "profes.	signation "Corp," "Inc	c," or "Co". A profess	rional <u>:corporeiton</u>
B. Enter new principal office address, if application (Principal office address MUST BE A STREET A			<u>- \$3</u> 3 ₽
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE			PMI2: 21 FLORIDA TEFLORIDA
D. If amending the registered agent and/or registered agent and/or the new registered.		n Florida, enter the na	me of the
Name of New Registered Agent:			
New Registered Office Address:	(Florida street a	address)	
	•	, Florida	ı
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen		and accept the obligation	as of the position.
	nature of New Registered	J. A count if all avaisa	

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>D</u>	Joseph R. Snider	1 SE 4th Avenue, Suite 205 Delray Beach, FL 33483	Add Remove
		<u> </u>	
			Remove
			Add Remove
	nding or adding additional Artical Art		
			,
			,
provis		hange, reclassification, or cancellation adment if not contained in the amend	
			.,,
			·

The date of each amendment	t(s) adoption: May 24 2012
. •	(date of adoption is required)
Effective date if applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement of for each voting group entitled 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/we action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated	05/24/2012
Signature	a director, president or other officer – if directors or officers have not been
sele	ointed fiduciary by that fiduciary)
	Jeffrey J. Conley
	(Typed or printed name of person signing)
	Director/ Secretary (Title of person signing)