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## COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPOR	ation: <u>ARMOR-</u> T	tech custom	POWDER CORTINGS, IM
DOCUMENT NUMB	er: <u>702,40011</u>	7101	
	f Amendment and fee are su		
Please return all corresp	pondence concerning this mat	tter to the following:	
-	PHILI	P_HORELICK Name of Contact Person	
-	FIRMORTELH	CUSTOM POUT Firm/ Company	EN COATINGS, INC.
-	5371 CAS	A REAL DR	
-	DELRAY	BEACH, FL City/ State and Zip Code	33484
	PHYLH22 (E-mail address: (to be us	PGMAIL. CO sed for future annual report	Mnotification)
For further information	concerning this matter, pleas	se call:	
Philip Nalne o	HORPLICK fContact Person	at ( <u>56 [</u> Area Coo	_) <u>271= 2227</u> de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Depa	rtment of State:
D' \$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)
· · · · · · · · · · · · · · · · · · ·	ing Address odment Section	-	Address ment Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FIL	ED
2010 SED	
2010 SEP 10	D 3: 31,

ARMOR-TECH CUSTOM POWDER O	DATINGS INC
(Name of Corporation as currently  Page 11101  (Document Number of	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Torida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "F	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	5371 CASA REAL DR DELRAY BEACH, FL 33484
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5371 CASA REAL DR DELRAY BEACH, FL 33484
D. If amending the registered agent and/or registered office addresses registered agent and/or the new registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent	N/A
tFlorida stree	et address)
New Registered Office Address:	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar was	ith and accept the obligations of the position.
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	<u>PT</u>	<u>John Do</u>	o <u>e</u>	12/		
X Remove	Y	Mike Jo	ones	D/1,		
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	•		
Type of Action (Check One)	Title		<u>Name</u>			<u>Addres</u> s
1) Change		_			_	
Add						<del> </del>
Remove						
2) Change		_			_	
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AMENDED BUS	WESS	PURPO			
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n amendment provides for an exc					
ovisions for implementing the am (if not applicable, indicate N/A)	<u>ndment if no</u>	t contained in th	<u>e amendment</u>	<u>itself:</u>	
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The date of each amendment(s) adoption:, if other than the 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 block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) ( <u>CHECK ONE</u> )
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated 9 7 18
Signature Phly N. Hardick, FRESIDENT  (By a director, president or other officer – if directors or officers have not been
(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 court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
PRESIDENT (Title of person signing)