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•	(Requestor's Name)	
<u></u>	(Address)	
,	(Address)	
	(City/State/Zip/Phone #)	
PICK-U	P WAIT MAIL	
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of Status	
Special Instructions	s to Filing Officer:	

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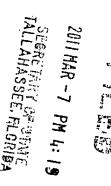
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Division of Corporations
NAME OF CORPORATION: Printer Tech Inc.
DOCUMENT NUMBER: P03000 38 7-98
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kelly Tay W Name of Contact Person
Printer Tech Inc
34 Ne 1st Ave
Dania Beach Ft 33004 City/ State and Zip Code
admen a printerte chinc, com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Lactuation Lactua
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

Articles of Amendment to	Con All Son
Articles of Incorporation	MAD SA
of	70 Con 11 >>
Frinter TECH INC.	MARIEN PH 4:
(Name of Corporation as currently filed with the Florida Dept. of State)	
P 030100 38798	
(Document Number of Corporation (if known)	-1
ant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corpo	oration adopts the following

Pursua 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." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (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:

Name of New Registered Agent:

New Registered Office Address:

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.

New Registered 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)

<u>Title</u>	Name	Address	Type of Action
755	Rely aylo	·	Add Remove
.Pres	Chris Haa	34Ne12/	Add Remove
			Add Remove
	ling or adding additional Articles, enditional sheets, if necessary). (Be sp.		
	nendment provides for an exchange, ons for implementing the amendmen		
	ot applicable, indicate N/A)	in not contained in the ainer	rument n <u>sen;</u>

The date of each amendment(s)		24-11	_
Effective date <u>if applicable</u> :	im model	Soption is required)	
	no more than 90 days after t	amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	•	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders sufficient for approval.	s. The number of votes cast for the amendme	nt(s)
	• •	ers through voting groups. The following state ed to vote separately on the amendment(s):	ement?
"The number of votes ca	st for the amendment(s) was	s/were sufficient for approval	
by		."	
(1	voting group)		
The amendment(s) was/were action was not required.	adopted by the board of dire	ectors without shareholder action and shareho	older
The amendment(s) was/were action was not required.	adopted by the incorporator	rs without shareholder action and shareholder	
Dated3	14/11		
Signature			_
select		officer - if directors or officers have not been the hands of a receiver, trustee, or other coulary)	
	KellyT	aylor	
	Preside	d name of person signing)	
-	(Title of person signi	ing)	