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SECRETARY OF STARK

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: CSI Armoring Inc	: .				
DOCUMENT NUMBER: P04000080065					
The enclosed Articles of Amendment and fee are s	ubmitted for filing.				
Please return all correspondence concerning this ma	atter to the following:				
Usman Bashir					
	Name of Contact Persor	1			
CSI Armoring Inc.					
	Firm/ Company	_			
110 Sunrise Center Dr					
	Address				
Thomasville, NC 27360					
- 11 -	City/ State and Zip Code	;			
oz.bashir@csiarmoring.com					
E-mail address: (to be u	sed for future annual report	notification)			
For further information concerning this matter, plea					
Usman Bashir	at (_) 313-8561			
Name of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for the following amount made	payable to the Florida Depa	rtment of State:			
\$35 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)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301			

Articles of Amendment to Articles of Incorporation of

CSI Armoring Inc.						
P0400008065	n as currently f	iled with the Florida De	ept. of State)			
(Docume	ent Number of C	orporation (if known)				
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Flo	orida Profit Corporation	adopts the follo	wing am	endm	ent(s)
A. If amending name, enter the new name of the cor	poration:					
				The	nev	v
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp.,' word "chartered," "professional association," or the a	"Inc," or "Co	". A professional corp				
B. Enter new principal office address, if applicable:					_	
(Principal office address <u>MUST BE A STREET ADDI</u>	<u>RESS</u>)			建設	ச	
					V C	-T1
			******	Signal Si	28	·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	7)			Fig.		
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					<u>교</u>	
				V		
D. If amending the registered agent and/or registere new registered agent and/or the new registered o		s in Florida, enter the n	name of the			
Name of New Registered Agent						
rume of New Negistered Agent						
	(Florida street	address)				
New Registered Office Address:			, Florida			
New Registerea Office Address.	(C	ity)		Zip Code)		
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I		h and accept the obligati	ions of the position	on.		
, , , , , , , , , , , , , , , , , , , ,		,	,			
	tuna of Nov. P	istered Agent if changin				
Siena	uire of New Kee	isierea Avent. II Chanvin	I.F.			

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 De	0 <u>e</u>	
X Remove	<u>v</u>	Mike Jo	<u>Ones</u>	
_X Add	<u>sv</u>	Sally Si	mith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	<u>s</u>	_	Gregorio Boada	9057 W 33 Avenue
Add X				Hialeal, FL 33018
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add			•	
Remove				

					
			 	 	
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	1 10 .1				
n amendment provides for an exchang ovisions for implementing the amendm	<u>e, reciassificati</u> ent if not conti	ion, or cance ained in the	<u>Hation of ISSU</u> Amendment i	<u>ied snares,</u> tself:	
(if not applicable, indicate N/A)					
				.=.	
		,		<u> </u>	

The date of each amendment(s) addate this document was signed.	doption:, if other	than the
Effective date if applicable:		<u>-</u>
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	plock does not meet the applicable statutory filing requirements, this date will not be list epartment of State's records.	ed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	proved by the shareholders through voting groups. The following statement 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 add action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
November Dated	22, 2016	
Signature	transulfui	
	rector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court	
	ted fiduciary by that fiduciary)	
	Usman Bashir	
	(Typed or printed name of person signing)	-
	President	
	(Title of person signing)	•