## P04000152386

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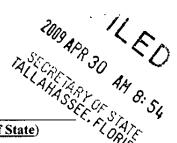
TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: New Atar	i Global Corp	
DOCUMENT NUMBER: P0400015	52386	
The enclosed Articles of Amendment and fee	are submitted for filing.	
Please return all correspondence concerning t	this matter to the following:	
(Now	Ahmed Alatari ne of Contact Person)	
(Inam	le of Contact Person)	
	New Atari Global corp Firm/ Company)	
·	. •	
	PO Box 16402	
	(Address)	
	Tampa , FL 33687  State and Zip Code)	
For further information concerning this matte	•	
Amen Alex (Name of Contact Person)	at ( <u>813</u> ) <u>48b - St/56</u> (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount	made payable to the Florida Department of State:	
\$35 Filing Fee \$ Certificate of Status	\$43.75 Filing Fee & \$52.50 Filing Fee Certified Copy Certificate of St (Additional copy is enclosed) (Additional Copy is enclosed)	atus
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 Incorporation of



(Zip Code)

## New Atari Global Corp. (Name of Corporation as currently filed with the Florida Dept. of State) P04000152386 (Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:															
									nd con "Inc.,"						
	Co".	A		pro	fessi	onal	corpo	name	must						

"Co". A professional corporation name must association," or the abbreviation "P.A."	contain the word "cha	rtered," "professional
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	PESS )	
C. Enter your mailing address if applicables		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		a, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
		, Florida

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.

Signature of New Registered Agent, if changing

(City)

removed a	ig the Officers and/or Directors, e nd title, name, and address of eac litional sheets, if necessary)		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
	<del></del>		Add Remove
			Add Remove
ple	med ALAtavi) as ident Only. For online it show	he Title of	ri'' as a Directo
provisi	mendment provides for an excharons for implementing the amendrate and applicable, indicate N/A)		
			•

The date of each amendment(s) adoption: 4-28-09
Effective date if applicable:  (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
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.
Signature  (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)
Mohammed Ahmee  (Typed or printed name of person signing)  Registered Agent Vice president  (Title of person signing)
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