## PD6000110710

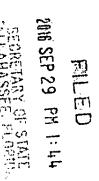
. (Re	equestor's Name)	
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#### **COVER LETTER**

TO: Amendment Section Division of Corporations			
NAME OF CORPORATION: PCCISION Automation INC.			
DOCUMENT NUMBER: 1 0 0000 11 0 11 0			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Bruce Johnson			
Name of Contact Person			
Precision automation INC			
Firm/ Company			
120 Springwood Urive			
Address			
Naytona Beach, Fl 32119			
City/ State and Zip Code			
<u>bruce D Precision automation inc. Net</u> E-mail address: (to be used for future annual report notification)			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Bruce JOHNSON at 386, 366-0860			
Name of Contact Person 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  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)			

### 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

# THE PU

#### Articles of Amendment to Articles of Incorporation of

PRECISION AUTOMATION INC.	
(Name of Corporation	as currently filed with the Florida Dept. of State)
P06000110710	
(Documen	t Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Stits Articles of Incorporation:	tatutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp-	oration:
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the about the second principal office address, if applicable: (Principal office address MUST BE A STREET ADDREST ADDRE	ر م الم
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 off	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I a	ered Agent: m familiar with and accept the obligations of the position.
Signatu	re of 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)

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.

X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	$\underline{S}$	Diana Johnson	637 Rasley Rd
Add			1637 Rasley Rd New Smyrna Beach Florida 32168
Remove			Horida 32168
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			<del></del>
Add			
Remove			

(Attach additional s	ding additional Artic cheets, if necessary).	les, enter change (Be specific)	<u>(s) here</u> :		
				<del></del>	
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provisions for im	provides for an exchiplementing the amenuble, indicate N/A)	ange, reclassifica idment if not con	tion, or cancellati tained in the ame	on of issued shares ndment itself:	<u>.</u>
, ,					

The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date <u>if applicable</u> :	
(no more than 90 days a	ier amendment file date)
<b>Note:</b> If the date inserted in this block does not meet the applicable stat document's effective date on the Department of State's records.	utory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number by the shareholders was/were sufficient for approval.	of votes east for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voti must be separately provided for each voting group entitled to vote separately	
"The number of votes cast for the amendment(s) was/were sufficient	ent for approval
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without action was not required.	shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without share action was not required.	cholder action and shareholder
Dated 9-26-16	
$\mathcal{L}$	
Signature (By a director, president or other officer – if di	rectors or officers have not been
selected, by an incorporator – if in the hands of	
appointed fiduciary by that fiduciary)	
Bruce Johnson	person signing)
(Typed or printed name of	person signing)
President	
(Title of person	signing)