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SECRETARY OF STATE OF CORPORATIONS

Amendicus 101/13/12

COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: SyCon Corp	р
DOCUMENT NUMBER: P0700001798	0
The enclosed Articles of Amendment and fee are su	
Please return all correspondence concerning this ma	tter to the following:
Mark Spier	
	Name of Contact Person
SyCon Corp	
	Firm/ Company
4635 Panorama A	Avenue
	Address
Holiday, Florida 3	4690
	City/ State and Zip Code
M.Spier@Syconcorp.	com
· · · · · · · · · · · · · · · · · · ·	sed for future annual report notification)
·	
For further information concerning this matter, please	se call:
Mark Spier	_{at (} 727 ₎ 514-3955
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	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is 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

Articles of Amendment to Articles of Incorporation of

SyCon Corp.	
(Name of Corporation as currently filed with the Florida Dept. of State)	-
P07000017980	
(Document Number of Corporation (if known)	•
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following its Articles of Incorporation:	g amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the al "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co". A professional corporation name must word "chartered," "professional association," or the abbreviation "P.A."	- obreviation contain the
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)	olvis 12
	SECRETARY VISION OF CO
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:	ORPORATION AM DO
Name of New Registered Agent	19 E. E. E
4635 Panorama Ave	N.S.
(Florida street address)	
New Registered Office Address: Holiday , Florida 34690	
(City) (Zip Code)	
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	

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>Jo</u>	<u>hn Doe</u>	
X Remove	<u>V</u> <u>M</u>	ike Jones	
<u>X</u> Add	<u>SV</u> Sa	ully Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	Р	Kathleen Spier	7535 Riverdale Drive New Port Richey, Florida 34653
2) Change X Add Remove	Р	Mark Spier	4635 Panorama Avenue Holiday, Florida 34690
3) Change Add Remove		,	
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

	(Be specific)
-	
If an amandment provides for an evol-	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
provisions for implementing the amer (if not applicable, indicate N/A)	s of stock from Kathleen Spier to
provisions for implementing the amer (if not applicable, indicate N/A) ransfer 100 of 100 shares	
provisions for implementing the amer (if not applicable, indicate N/A) ransfer 100 of 100 shares	
provisions for implementing the amer (if not applicable, indicate N/A) ransfer 100 of 100 shares	
provisions for implementing the amer (if not applicable, indicate N/A) ransfer 100 of 100 shares	
provisions for implementing the amer (if not applicable, indicate N/A) ransfer 100 of 100 shares	
provisions for implementing the amer (if not applicable, indicate N/A)	

The date of each amendment(s) adoption: December 26, 2011
Effective date if applicable: January 1, 2012
(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)
(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 1212 Signature Down Dio
(By a director, president or other of cer – 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)
Kathleen Spier
(Typed or printed name of person signing)
President
(Title of person signing)