(Re	equestor's Name)	
(Ác	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
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Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: FULLSENS	SE, INC.		
DOCUMENT NUMI	BER: P0700009226	5		
	of Amendment and fee are su			
Please return all corre	spondence concerning this ma	tter to the following:		
	•	-		
	SIMONE OLIVEI			
	AMERICA EXPE	Name of Contact Person		
	407 NW 10TH TE	Firm/ Company RRACE		
		Address	· · · · · · · · · · · · · · · · · · ·	
	HALLANDALE BEACH, FL 33009			
		City/ State and Zip Code	e	
sim	one@americaexp			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	e call:		
SIMONE OL	IVEIRA	at (305	891-2400	
Name o	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made p	payable to the Florida Depa	urtment of State:	
□ \$35 Filing Fee	■\$43.75 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)	
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle assee, FL 32301	

Articles of Amendment to Articles of Incorporation of

FULLSENSE, INC.	01		
	s currently filed with the Flo	orida Dent of State)	
P07000092265	scarrently fied with the re-	ornal pept. or state)	
(Documen	nt Number of Corporation (if	known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	.1006, Florida Statutes, this F	Florida Profit Corporation adopts the follow	wing amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
			The new
	nation "Corp," "Inc," or "C	," "company," or "incorporated" or the Co". A professional corporation name m P.A."	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		407 NW 10TH TERRAC	<u>E</u>
		HALLANDALE BEACH, FL 330	09
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		407 NW 10TH TERRAC	<u> </u>
		HALLANDALE BEACH, FL 330	09
D. If amending the registered agent an new registered agent and/or the new			
Name of New Registered Agent	AMERICA EXPER	T CORPORATION	
	407 NW 10TH T	ERRACE	
	(Florida stree	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	HALLANDALE B	EACH , Florida 33009 (Zip Code)	_
	(Ciţ)	(Zip Code)	
New Registered Agent's Signature, if cl I hereby accept the appointment as regist		ith and accept the obligations of the position	n. 2 0
Sig	gnature of New Registered Ag	gent. if changing LAHASS	F L

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>	John Doe	
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) <u>× Change</u> Add Remove	P	DANTAS, CAROLINA	407 NW 10TH TERRACE HALLANDALE BEACH, FL 33009
2) <u>×</u> Change Add Remove	VP	ROSA, BRUNO	407 NW 10TH TERRACE HALLANDALE BEACH, FL 33009
3) × Change Add Remove	D	DURAO, DANIEL	407 NW 10TH TERRACE HALLANDALE BEACH, FL 33009
4) Change Add Remove			
5) Change Add Remove		<u> </u>	
6) Change Add Remove		_	

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amendment provides for an exchange, revisions for implementing the amendment	nassification, or cancellation of fact contained in the amendme	nt itself:
(if not applicable, indicate N/A)		
	NIA	
	13 (-	
	• • •	
	-	

The date of each amendmen	t(s) adoption: 04/19/20 ²	12
Effective date <u>if applicable</u> :	04/19/2012	
	(no more th	han 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
	re adopted by the shareholders. ere sufficient for approval.	. The number of votes cast for the amendment(s)
		rs through voting groups. The following statement ed to vote separately on the amendment(s):
"The number of votes	s cast for the amendment(s) was	s/were sufficient for approval
by	(voting group)	,,,
	(voting group)	
action was not required.	·	ectors without shareholder action and shareholder s without shareholder action and shareholder
504/	19/2012	
Signature(E	By a director, president or other	Fofficer – if directors or officers have not been in the hands of a receiver, trustee, or other court ciary)
	BRUNO ROSA	Δ
		nted name of person signing)
	VICE PRESIDI	ENT
	(Tide	araan sianina)