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(((H13000227264 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : CONTRACTORS REPORTING SERVICES; , INC.

Account Number: I20050000099

Phone

: (813)932-5244

Fax Number

: (813)932-3782

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

ROMAN@ACTIVATEMYLICENSE.COM

ECOR AMND/RESTATE/CORRECT OR O/D RESIGN THERMTEK, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

From: Jason Morales

Fax: +1 (813) 445-7084 * 102

To: (((H13000227264 3))) Fax: +1 (850) 617-8380

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COVER LETTER

TO: Amendment Section
Division of Corporations

(((H13000227264 3)))

NAME OF CORI	PORATION:	THERMTEK, INC.	
DOCUMENT NUMBER:		P08000017622	
The enclosed Artic	cles of Amendment and fee a	re submitted for filing.	
Please return all co	orrespondence concerning this	s matter to the following:	
	1	ROMAN ALBANO	
	N	ame of Contact Person	
	CONTRACTORS	REPORTING SERVICE, INC	
		Firm/ Company	
	1379	5 N Nebraska Ave	
		Address	
	T <i>e</i>	ampa, FL 33613	
	Ci	ity/ State and Zip Code	
	Hamail address: Ito he use	d for future annual report notification)	
	D-Man and oss. (to be used	a for ration annual report nettroduction	
For further inform	ation concerning this matter,		
		at (813) 932-5244	
Name	e of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a chec	k for the following amount m	nade payable to the Florida Department of State:	
□ \$35 Filing Fee	☐ \$43,75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is encl	osed)
Mailing A		Street Address	
Amendment Section		Amendment Section	
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building	
Tallahassee, FL 32314		2661 Executive Center Circle	
1 anamosoo, 1 11 120 17		Tallahassee, FL 32301	

From: Jason Morales

Fax: +1 (913) 445-7084 * 102

To: (((H13000227264 3))) Fax: +1 (850) 617-6380

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(((H13000227264 3)))

Articles of Amendment to Articles of Incorporation

	of	
	THERMTEK, INC.	
(Name of Corporation as	s currently filed with the F	lorida Dept. of State)
	P08000017622	
(Docume)	nt Number of Corporation (f known)
Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation:	Florida Statutes, this <i>Flori</i>	da Profit Corporation adopts the following
A. If amending name, enter the new name of the	<u>re corporation:</u>	
		The new
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the dename must contain the word "chartered," "profes	esignation "Corp," "Inc," o	or "Co". A professional corporation
B. Enter new principal office address, if applic		
(Principal office address <u>MUST BE A STREET</u>	ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE</u>	<u>BOX</u>)	FILED 18 OCT 11 PH 1
D. If amending the registered agent and/or reg	istered office address in F	lorida, enter the name of the
new registered agent and/or the new registe	red office address:	-
Name of New Registered Agent:		
New Registered Office Address:	(Florida street add	ress)
		, Florida
_	(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age	Registered Agent: nt. I am familiar with and	accept the obligations of the position.
Sign	nature of New Registered A	gent, if changing

Page 1 of 3

1ttach addi	tional sheets, if necessary)		
<u>`itle</u>	<u>Name</u>	<u>Address</u>	Type of Action
VP	DAVID W LINVILLE	14034 SHADY SHORES DR.	a A₫d
		TAMPA. FL 33613	☐ Remove
			Add
			_ ~
			Add
.			Remove
			Add
			□ Add □ Remove
			■ Auu
	ling or adding additional Articles	, enter change(s) here:	Remove
	ling or adding additional Articles Iditional sheets, if necessary). (B	, enter change(s) here:	
		, enter change(s) here:	
		, enter change(s) here:	
		, enter change(s) here:	
		, enter change(s) here:	
		, enter change(s) here:	
(attach ac	lditional sheets, if necessary). (B	, enter change(s) here: e specific)	Remove
(attach ac	nendment provides for an exchan	, enter change(s) here:	Remove
. If an an provision (if no	nendment provides for an exchanons for implementing the amendnot applicable, indicate N/A)	ge, reclassification, or cancellation of issued spent if not contained in the amendment itself:	Remove
. If an an provision (if no	nendment provides for an exchanons for implementing the amendmot applicable, indicate N/A) INVILLE HAS AGREED VIA	ge, reclassification, or cancellation of issued strength if not contained in the amendment itself:	Remove
. If an an provisio (if no pavid L. pav	nendment provides for an exchanons for implementing the amendmot applicable, indicate N/A) INVILLE HAS AGREED VIA	ge, reclassification, or cancellation of issued spent if not contained in the amendment itself:	Remove

: Jason Morales Fax: +1 The date of each an	(813) 445-7084 102 T ax: +1 (850) 617-6380 Page 6 of 6 10/11/2013 4/15H13000227264 3) nendment(s) adoption: (date of adoption is required)
Effective date if app	
Effective trate in ap	(no more than 90 days after amendment file date)
Adoption of Amend	ment(s) (CHECK ONE)
	s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) ers was/were sufficient for approval.
	s) was/were approved by the shareholders through voting groups. The following statement ly provided for each voting group entitled to vote separately on the amendment(s):
"The numbe	r of votes cast for the amendment(s) was/were sufficient for approval
by	."
<u> </u>	(voting group)
The amendment(action was not re	s) was/were adopted by the board of directors without shareholder action and shareholder quired.
The amendment(action was not re	s) was/were adopted by the incorporators without shareholder action and shareholder quired.
Da	nted 10/10/2013
Si	gnature M. Herdi Z Kunllo
	(By a director, president of 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)
	appointed fiduciary by that fiduciary)
	M. HEIDI Z LINVILLE
	(Typed or printed name of person signing)
	PRES
	(Title of person signing)