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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ELECTROCOMP	INTERNATIONAL INC			
DOCUMENT NUMBER: P08000035321				
The enclosed Articles of Amendment and fee are su	bmitted for filing.			
Please return all correspondence concerning this ma	tter to the following:			
PATEL UMANGI				
	Name of Contact Person			
ELECTROCOMP INTERNA	ATIONAL INC			
	Firm/ Company			
1855 LAUREL BROOK LO	OP			
	Address			
CASSELBERRY, FL 32707				
	City/ State and Zip Code			
KAL@JNSA\$\$OCIATE.COM				
	sed for future annual report notification)			
·	,			
For further information concerning this matter, please	se call:			
VIJAY PATEL	at (AGENT) 4072535330			
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 (Additional copy is enclosed) □\$62.50 Filing Fee 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 Clitton Building 2661 Executive Center Circle Tallahassee, FL 32301			

Articles of Amendment to Articles of Incorporation of

ELECTROCOMP INTERNATIONAL I		•
(<u>Name</u>)	of Corporation as currer	ntly filed with the Florida Dept. of State)
P08000035321		
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, th	is Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new na	ame of the corporation:	
N/A		The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	iation "Corp," "Inc," or	tion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
P. Untar now aringinal office address.	if applicables	N/A
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>		
C. Enter new mailing address, if appl	icable:	
(Mailing address MAY BE A POST OFFICE BOX)		N/A
		ldress in Florida, enter the name of the
new registered agent and/or the ne		<u>1881</u>
Name of New Registered Agent	PATEL UMANGI	
	1855 LAUREL BROOK	CLOOP
	(Florida .	street address)
New Registered Office Address:	CASSELBERRY	Florida
		(City) (Zip Code)
Non-Bosistand tome's Simotom if a	handing Dagistand Sam	-4.
New Registered Agent's Signature, if c I hereby accept the appointment as regist		nt: r with and accept the obligations of the position.
, , , , ,		
	01.100	<u></u>
	delina	
	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>	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		N/A	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change	-		
Add			
Remove			
4) Change	-		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Artic (Attach additional sheets, if necessary).	les, enter change(s) here: (Be specific)
N/A	
<u> </u>	
Ti di an any aday at an aid at a an a b	and the second of the second o
provisions for implementing the amen	inge, reclassification, or cancellation of issued shares, dment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	
·	

04/30/2017	
The date of each amendment(s) adoption:	, if other than the
04/30/2017	
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	t(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state, must be separately provided for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes east 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.	der
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
06/28/2017 Dated	
Supanne	
(By a director, president or other officer – if directors or officers have not bee	
selected, by an incorporator – if in the hands of a receiver, trustee, or other coappointed fiduciary by that fiduciary)	urt
PATEL UMANGI	
(Typed or printed name of person signing)	
PD	
(Title of person signing)	· · · · · · · · · · · · · · · · · · ·