P0800009886

| (Re | questor's Name) | | | | |
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| (City/State/Zip/Phone #) | | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies | _ Certificates | s of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
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SECRETARY OF STATE TALLAHASSEE PLONES

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COVER LETTER

TO: Amendment Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: STRUCTURAL TECHNOLOGIES INTERNATIONAL P08000098865 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **EZZ ELGAYAR** Name of Contact Person STRUCTURAL TECHNOLOGIES INTERNATIONAL Firm/ Company P.O.BOX 429 Address SAFETY HARBOR, FL.34695 City/ State and Zip Code ezz@stiengineers.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **EZZ ELGAYAR** Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations **Division of Corporations**

Clifton Building

· Tallahassee, FL 32301

2661 Executive Center Circle

Articles of Amendment to Articles of Incorporation of

| (Name of Corporation as curren | | | |
|---|---|------------------------------|------------------------------------|
| · | 00009886 | | |
| (Document Numb | | on (if known) | |
| Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation: | Florida Statute | es, this <i>Florida Pr</i> o | |
| A. If amending name, enter the new name of t | he corporation | <u>1:</u> | |
| • | | | The new |
| name must be distinguishable and contain th abbreviation "Corp.," "Inc.," or Co:,:" or the a name must contain the word "chartered," "profe | lesignation "Ĉo | orp," "Inc," or."Ce | o". A professional corporation |
| B. Enter new principal office address, if appli | | 2424 MOORE | HAVEN DR.W. |
| (Principal office address <u>MUST BE A STREET</u> | <u>'ADDRESS</u> ') | CLEARWATER | ₹ |
| | | FLORIDA, 337 | 63 |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE | <u>E BOX</u>) | P.O.BOX 429 | |
| | | SAFETY HARB FLORIDA, 3469 | |
| D. If amending the registered agent and/or re- new registered agent and/or the new regist | | | , enter the name of the |
| Name of New Registered Agent: | EZZULDIEN ELGAYAR | | |
| New Registered Office Address: | 2424 MOORE HAVEN DE (Florida street addre | | |
| · <u></u> | CLEARWATE | R | , Florida 34695 |
| | (City) | | (Zip Code) |
| New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag | | | t the obligations of the position. |
| | | Pagistaned Agent i | C.1 |

Page 1 of 3

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)

<u>Name</u> Address **Type of Action** Title **GAYAR BTS-USA INC** P.O.BOX 429 SAFETY HARBOR Add ☐ Remove FLORIDA, 34695 ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) N/A

| The date of each amendmen | t(s) adoption: JULY 27, 2010 | <u>) </u> | |
|--|--|--|--------------------------|
| Effective date <u>if applicable</u> : | | ption is required) | 1 |
| | (no more than 90 days after an | nendment file date) | |
| Adoption of Amendment(s) | (CHECK ONE) | | |
| | ere adopted by the shareholders. Here sufficient for approval. | The number of votes | cast for the amendment(s |
| | ere approved by the shareholders ed for each voting group entitled | | |
| "The number of votes | cast for the amendment(s) was/v | were sufficient for app | proval |
| by JOEL FIGUER | OA - VALLINES | ,,, | • |
| -, | (voting group) | | i |
| action was not required. The amendment(s) was/we action was not required. | ere adopted by the incorporators | without shareholder a | ction and shareholder |
| Dated_JUL | Y 26, 2010 | | : |
| Signature | y a director, president or other of | ficer – if directors or | officers have not been |
| sel | ected, by an incorporator – if in too inted fiduciary by that fiduciar | the hands of a receive | |
| | JOEL FIGUE | ROA - VALLINES | |
| . • | (Typed or printed | name of person signin | ig) |
| | · | · | |
| | · | ESIDENT | 1 |
| | (Title of person signing | ig) | |