P10000081304

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
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PICK-UP	MAIT	MAIL
(Bı	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: DRS ASSET MAN	NAGEMENT CORPORAT	ION		
DOCUMENT NUM	P10000081304				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	Stephan Schenk				
		Name of Contact Person	a		
	Hermes Consult LLC				
		Firm/ Company			
	1001 Brickell Bay Drive, Sui	te 1200			
		Address			
	Miami, FL 33131				
		City/ State and Zip Cod	е		
sws@	msworldlaw.com				
		sed for future annual report	notification)		
For further informatio	n concerning this matter, pleas	se call:at (305	341-3100		
Name of Contact Person		at (de & Daytime Telephone Number		
	or the following amount made		,		
\$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 Div P.O	lling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Division Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301		

Articles of Amendment of



Articles of Incorporation (Name of Corporation as currently filed with the Florida Dept, of State)

						- 2
	(Docum	ent Numbe	er of Corporation (if kno	wn)		
nant to the provisions of section 607 rticles of Incorporation:	.1006, Florida	Statutes, t	his <i>Florida Profit Corp</i>	oration adopts t	the following ame	endmen
amending name, enter the new n			-			
	DRS	USA	INC.		The	new
e must be distinguishable and con p.," "Inc.," or Co.," or the design "chartered," "professional associa	nation "Corp,	" "Inc," e	or "Co". A professiona	"incorporated al corporation	" or the abbrev name must conta	iation in the
nter new principal office address, cipal office address <u>MUST BE A S</u>						
inter new mailing address, if appl	icable:					
		X)				
Enter new mailing address, if appl Mailing address <u>MAY BE A POST</u>		<u>X</u>)				
		X)				
Mailing address MAY BE A POST amending the registered agent as	OFFICE BO.	ed office a		er the name of	th <u>e</u>	
Mailing address MAY BE A POST amending the registered agent as	OFFICE BO. nd/or register w registered	ed office a		er the name of	t <u>he</u>	
failing address MAY BE A POST amending the registered agent as	OFFICE BO.	ed office a		er the name of	the	
Mailing address MAY BE A POST amending the registered agent are we registered agent and/or the ne	nd/or register w registered Hermes Con	red office a office addi		r the name of	the	
Mailing address MAY BE A POST amending the registered agent are we registered agent and/or the ne	nd/or register w registered Hermes Con	red office a office addi sult LLC Il Bay Driv	ress:			
Mailing address <u>MAY BE A POST</u> Samending the registered agent and ew registe	nd/or register w registered Hermes Con	red office a office addi sult LLC Il Bay Driv	ress: re, Suite 1200		the ida 33131 (Zip Code)	

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.

X Change	<u>PT</u>	John Do	<u>ee</u>			
X Remove	<u>v</u>	Mike Jones				
X Add	<u>sv</u>	Sally Sn	<u>nith</u>			
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s		
1) Change		_				
Add						
Remove						
2) Change		_				
Add						
Remove						
3) Change						
Add						
Remove						
4) Change						
Add		-				
Remove						
<i>C</i> 1						
5) Change						
Add						
Remove						
6) Change		_				
Add						
Domove						

None.	
	·····
F. If an amendment provides for an exchange, reclassification, or cancellation of issued s provisions for implementing the amendment if not contained in the amendment itself (if not applicable, indicate N/A)	hares. <u>:</u>
None.	
	- H H. H H H H H H

The date of each amendment(s) adoption:date this document was signed.	, if other than the
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 statuto document's effective date on the Department of State's records.	ry filing requirements, this 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 by the shareholders was/were sufficient for approval.	votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting must be separately provided for each voting group entitled to vote separate	
"The number of votes cast for the amendment(s) was/were sufficient	for approval
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without sha action was not required.	reholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareho action was not required.	lder action and shareholder
Dated 03/18/2017 Signature Ir. Rainer Helz	
Signature Ir. Rainer Helz	
(By a director, president or other officer – if direct selected, by an incorporator – if in the hands of a appointed fiduciary by that fiduciary)	
RAINER STEA	L 2
(Typed or printed name of pers	son signing)
PRESIDENT	
(Title of person sig	gning)