## Florida Department of State

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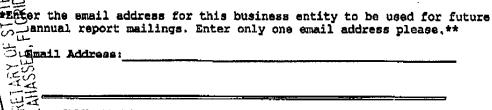
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## COR AMND/RESTATE/CORRECT OR O/D RESIGN **BMT3 INC**

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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORP	oration: <u>BMT3 INC</u>			
DOCUMENT NU	MBER: <u>P11000033</u>	024		
The enclosed Artic	les of Amendment and fee a	re submitted for filin	<b>g.</b> .	
Please return all co.	rrespondence concerning thi	s matter to the follow	ving:	
		Barbara Dang of Contact Person)	<del></del>	
		egalzoom.com, inc.		
<del>-</del>	(Fin	m/ Company)		
		Broadway Suite 100 (Address)		
	(City/Si	ndale, CA 91210 tate and Zip Code)		<del></del>
For further informa	tion concerning this matter,	please call:		
Olema	Barbara Dang of Contact Person)	at (323)	962-8600 x79	50
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Mailing Ad Amendment Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address Amendment Second Correction Building 2661 Executive Tallahassee, FL	ction porations S Center Circle	

## Articles of Amendment to Articles of Incorporation of

	O.		
<u> </u>	BMT3 INC		
(Name of Corporation as cur	reutly filed with t	he Florida Dept. of S	ate)
P1	1000033024		
	imber of Corporation	n (if known)	<u> </u>
Pursuant to the provisions of section 607.10 following amendment(s) to its Articles of Inco	006, Florida Statut orporation:	es, thi <b>s <i>Florida Profi</i></b>	Corporation adopts the
A. If amending asme, enter the new name	of the corporation	<b>L</b>	
Imagyneer Inc.			
The new name must be distinguishable "incorporated" or the abbreviation "Corp., "Co". A professional corporation na association," or the abbreviation "P.A."	" "Inc.," or Co.,	" or the designation	"Corp." "Inc." or
B. Enter new principal office address, if an	plicable:		
(Principal office address MUST BE A STRE			AU A
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF.)	ei <i>ICE BOX</i> ) _ -		AM 9: 55
D. If amending the registered agent and/or new registered agent and/or the new registered Agent;  Name of New Registered Agent;			ter the name of the
New Registered Office Address:	(Florid	a street address)	_
			_, Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if chang I hereby accept the appointment as registere position.	ing Registered Ag ed agent. I am fa	ent: millar with and accep	ot the obligations of the
	Signature of New R	egistered Agent, if cha	mging

Attach aa Litle	iditional sheets, if necessary)  Name	Address	Type of Actio
			☐ Add ☐ Remove
			☐ Add ☐ Remove
		), (Be speatfia)	
provis	mendment provides for an estimate for implementing the as not applicable, indicate N/A)	exchange, reclassification, or cancells mendment if not contained in the am	ation of issued shares, endment itself:
provis	ions for implementing the a	exchange, reclassification, or cancell	ation of issued shares, endment itself:

Page 2 of 3

Tl	e date of each amendment	(s) adoption: 6/15/2011
Eí	Tective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Αı	loption of Amendment(s)	(CHECK ONE)
	The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	The amendment(s) was/wa must be separately provide	re approved by the shareholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s):
	"The number of votes	cast for the amendment(s) was/were sufficient for approval
	by	(voting group)
V	The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder
	The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder
	sele	extirector, president or unfor-officer if directors or officers have not been ceted, by an incorporator — if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
		Cecilia U. Salaveria
		(Typed or printed name of person signing)

President