

| (Re | equestor's Name) | |
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| (Ad | dress) | |
| (Ad | ldress) | |
| | | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Nam | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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10/09/12--01020--011 **43.75



COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: | UDSS L | INK CH | EMICALS, INC |
|--|-------------------------|------------------------------------|--|
| DOCUMENT NUMBER: | 21100006 | 3738 | , |
| The enclosed Articles of Amendment | nd fee are submitted f | or filing. | |
| Please return all correspondence conce | ning this matter to the | following: | |
| MARI | AECENA | ORITHE | EUA- |
| | Name | of Contact Person | n |
| | | | |
| <i>\OD</i> ! | S UNK | irm/ Company | ICACS, INC |
| 11820 | MIRAMAR | 2 DARK | WAY Ste 210 |
| | | Address | |
| Milam | AR, FL | 330 2 State and Zip Code | 5 |
| | City/ S | State and Zip Code | е |
| | | | |
| Mariaelena E-mail udd | or hvela | lure annual report | sinc. com |
| For further information concerning this | matter, please call: | | |
| Mariaetena Orih | wela | at (954 | 918.9513 |
| Name of Contact Person | | Area Co | de & Daytime Telephone Number |
| Enclosed is a check for the following ar | nount made payable to | the Florida Depa | artment of State: |
| \$35 Filing Fee \$43.75 File Certificate | of Status Certi (Add | 75 Filing Fee & fied Copy is osed) | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Mailing Address | | Street | Address |
| Amendment Section | | | ment Section |
| Division of Corporati | ons | | n of Corporations |
| P.O. Box 6327 | | | Building |
| Tallahassee, FL 3231 | 1 | 2661 E | xecutive Center Circle |

Tallahassee, FL 32301

Articles of Amendment to

| | Articles of Incorporation of | FILED |
|--|---------------------------------------|--|
| NDSS LINK | CHEMICALS | _ |
| (Name of Corporation as currently fil | | 12011COCT -9 PM 2: 58 |
| 2110000 63 | 1738 | SECRETARY OF STATE |
| (Document Number of | Corporation (if known) | HALLAHASSEE, FLORIOA |
| Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation: | Statutes, this Florida Profit Corpora | . ation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the co | rporation: | |
| | | The new |
| name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the designation or the designation of the designatio | " "Inc," or "Co". A professional o | |
| B. Enter new principal office address, if applicable: | 18501 Pi | NES BLUD |
| (Principal office address <u>MUST BE A STREET ADD</u> | RESS) | D- A3 |
| | PEMBROKE P | |
| | remarke t | THES PC 9 20 ET |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX | 18501 P | INES BLVD |
| (| |) - A3 |
| | | _ |
| | PEMBLOKE | PINES, 12 33019 |
| D. If amending the registered agent and/or register new registered agent and/or the new registered of | | he name of the |
| Name of New Registered Agent | | |
| | | |
| | (Florida street address) | · ····· |
| New Registered Office Address: | , F | lorida |
| | (City) | (Zip Code) |
| | | • |
| New Registered Agent's Signature, if changing Regi | stered Agent: | |
| I hereby accept the appointment as registered agent. | | igations of the position. |
| | | |
| Signature of New | w 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 <math>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 Do | <u>e</u> | |
|-------------------------------|----------------|-------------|-------------|-----------------|
| X Remove | <u>v</u> | Mike Jo | nes | |
| _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 | | <u> </u> | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | ,, | _ | | |
| Add | | | | |
| Remove | | | | |
| | | | | |
| 6) Change | | | | |
| Add | | | | |
| Remove | | | | |

| ttach <i>additional sheets, if ne</i> | |
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| | and a side of the second above |
| | or an exchange, reclassification, or cancellation of issued shares, g the amendment if not contained in the amendment itself: |
| (у поз аррисаоте, такс | ue IVA) |
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| | Page 3 of 4 |
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| The date of each smen | dment(s) adoption: 10-4-12 |
| The date of each amen Effective date <u>if applic</u> | dment(s) adoption: 10-4-12 |
| Effective date <u>if applic</u> | dment(s) adoption: 10 - 4 - 1 2 able: (no more than 90 days after amendment file date) |
| Effective date <u>if applications in the second secon</u> | dment(s) adoption: 10 - 4 - 1 |
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