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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

SPRIM STRATION:	regy & intelligent innovation, inc				
P11000081216 DOCUMENT NUMBER:					
The enclosed Articles of Amendment and fee are su	The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this man	tter to the following:				
RICHARD K. BRENNI	FR				
	Name of Contact Person				
	Firm/ Company				
332 FLANDERS DRIV	/E				
Address INDIALANTIC, FL 32903					
	City/ State and Zip Code				
RICK.BRENNER@SPRIM	.COM				
E-mail address: (to be us	sed for future annual report notification)				
For further information concerning this matter, please call:					
DAN BRENNER	at (321) 4128204				
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 Certificate of Status	Certified Copy (Additional copy is enclosed) Captified Copy (Additional copy is enclosed) Captificate of Status 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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the P11000081216	Florida Dept. of State)	
(Document Number of Corporation	(if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, th its Articles of Incorporation:	is Florida Profit Corporation adopts the follow	ing amendment(s)
A. If amending name, enter the new name of the corporation: SPRIM AMERICAS, INC.		The new
name must be distinguishable and contain the word "corporal "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name mus	abbreviation
B. Enter new principal office address, if applicable:	175 SW 7th Street	
(Principal office address MUST BE A STREET ADDRESS)	Unit 1607	Zic -
	Miami, FL 33130	3 JAN
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	175 SW 7th Street	FILED -7 PH
	Unit 1607	7.7
	Miami, FL 33130	÷ 53
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre		
Name of New Registered Agent		
(Florida	street address)	
New Registered Office Address:	, Florida	
(Ci	(Zip Code)	

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 Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title		<u>Name</u>	<u>Address</u>
1) Change				
Add				
Remove				
2) Change	···········			
Add				
Remove				
3) Change		_		
Add		,		With the later with the state of the state o
Remove				
4) Change		_	A CONTRACTOR OF THE CONTRACTOR	
Add				•
Remove				***************************************
5) Change				
Add		_		- the state of the
Remove				
6) Change				
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
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Annual Control of the State of		

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provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		

The date of each amendment(s) adoption:			
Effective date if applicable:			
	(no more than 90 days after amendment file date)		
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adopted by the shareholders was/were suffici	by the shareholders. The number of votes cast for the amendment(s) ent for approval.		
	ed by the shareholders through voting groups. The following statement h voting group entitled to vote separately on the amendment(s):		
"The number of votes cast for t	he amendment(s) was/were sufficient for approval		
by	(voting group)		
☐ The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder		
The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder		
JANUARY	2, 2013		
	and the same of th		
selected, by	for, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court iduciary by that fiduciary)		
IV/	AN JARRY		
	(Typed or printed name of person signing)		
DI	RECTOR		
	(Title of person signing)		