P110000090371

| (Requestor's Na | me) |
|--|-----------------|
| (Address) | |
| (Address) | |
| (City/State/Zip/P | hone #) |
| PICK-UP WAIT | MAIL |
| (Business Entity | Name) |
| (Document Num | ber) |
| Certified Copies Certific | cates of Status |
| Special Instructions to Filing Officer | : |
| | |
| | |
| | |

Office Use Only



600213489116

10/21/11--01016--017 **35.00

Amend
Brown 11-2-11

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF COR | PORATION: | CYBERTRON DISTRIBUTION INC |
|----------------------|--|--|
| DOCUMENT NU | JMBER: | P11000090371 |
| The enclosed Artic | cles of Amendment and | fee are submitted for filing. |
| Please return all co | orrespondence concerni | ng this matter to the following: |
| | | NALINI MANIAR Name of Contact Person |
| | СҮВ | ERTRON DISTRIBUTION INC |
| | | Firm/ Company |
| | 285 | 5 N UNIVERSITY DR, # 600 Address |
| | | Address |
| | C | ORAL SPRINGS, FL 33065 City/ State and Zip Code |
| ` | E-mail address: (to | ARCPA@HOTMAIL.COM De used for future annual report notification) |
| For further inform | ation concerning this ma | atter, please call: |
| | IALINI MANIAR of Contact Person | at (954) 726 4010 Area Code & Daytime Telephone Number |
| | | unt made payable to the Florida Department of State: |
| ☑ \$35 Filing Fee | ☐ \$43.75 Filing Fee & Certificate of Status | ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) |
| P.O. Box 6 | nt Section Corporations | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 24, 2011

NALINI MANIAR CYBERTRON DISTRIBUTION, INC. 2855 N UNIVERSITY DR #600 CORAL SPRINGS, FL 33065

SUBJECT: CYBERTRON DISTRIBUTION, INC.

Ref. Number: P11000090371

We have received your document for CYBERTRON DISTRIBUTION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown Regulatory Specialist II

Letter Number: 011A00024223

Articles of Amendment to **Articles of Incorporation**

2011NOV-1 of

| CYBERTRON D | | | TALLIAGE | AM 9 18 OF STATE FLORID: |
|---|-------------------------------------|--------------|-------------------------|--------------------------------|
| (Name of Corporation as currently | y filed with the Flor | ida Dept. of | f State) AHASSF | OF ST. |
| P1100 | 0090371 | | | FLORIE |
| (Document Number | of Corporation (if k | nown) | | 10 in |
| Pursuant to the provisions of section 607.1006, Famendment(s) to its Articles of Incorporation: | lorida Statutes, this | Florida Pro | ofit Corporation | adopts the following |
| A. If amending name, enter the new name of the | e corporation: | | | |
| | | | | The new |
| name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the des name must contain the word "chartered." "profess | ignation "Corp," "I | nc," or "Co | ". A profession | orated" or the nal corporation |
| B. Enter new principal office address, if applical Principal office address <u>MUST BE A STREET A</u> | | | | |
| | | | | |
| | | | | |
| C. Enter new mailing address, if applicable: | | | | |
| (Mailing address MAY BE A POST OFFICE 1 | <u></u> | | | |
| | **** | | | |
| | | - | | |
| D. If amending the registered agent and/or regis | | in Florida, | enter the name | of the |
| new registered agent and/or the new registere | ed office address: | | | |
| Name of New Registered Agent: | | · | | |
| | | | | |
| New Registered Office Address: | (Florida street | address) | | |
| | · | | Florida | |
| | (City) | | , Florida (Zip Code) | <u></u> |
| form Dominational Amends Clauses 18-1 | | | | |
| lew Registered Agent's Signature, if changing Rehereby accept the appointment as registered agent. | egistered Agent: I am familiar with | and accept t | the obligations o | f the position. |
| Siona | ture of New Register | ed 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)

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|---|--|------------------|-------------------|
| | · · · · · · · · · · · · · · · · · · · | | ☐ Add ☐ Remove |
| | | | ☐ Add ☐ Remove |
| | | | ☐ Add ☐ Remove |
| (attach addit Article VII The initial off | or adding additional Articles, enter chional sheets, if necessary). (Be specific, ional sheets, if necessary) of the cornection of the cor | poration is/are: | |
| | : Vinod Gurnani | | |
| The Birotter | . vinos caman | | |
| | | | |
| | | | - |
| provisions | dment provides for an exchange, reclas for implementing the amendment if not pplicable, indicate N/A) | | |
| | | | |
| | | | · . |
| | | | ····· |
| | | | |
| | | | |

| Effective date if applicable: | October 19, 2017 adoption - required) |
|--|---|
| | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/we by the shareholders was/w | ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval. |
| The amendment(s) was/we must be separately provide | ere approved by the shareholders through voting groups. The following statement and 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) |
| The amendment(s) was/wer action was not required. | re adopted by the board of directors without shareholder action and shareholder |
| The amendment(s) was/wa | |
| action was not required. | e adopted by the incorporators without shareholder action and shareholder |
| ☐ action was not required. | e adopted by the incorporators without shareholder action and shareholder |
| action was not required. Dated | 10.19.11 N. Maniai. |
| action was not required. Dated Signature (B) | By the chairman or vice chairman of the board, president or other officer-if directors are not been selected, by an incorporator – if in the hands of a receiver, trustee, or |
| action was not required. Dated Signature (B) | Manuar. Ty the chairman or vice chairman of the board, president or other officer-if directors |
| action was not required. Dated Signature (B) | by the chairman or vice chairman of the board, president or other officer-if directors are not been selected, by an incorporator – if in the hands of a receiver, trustee, or her court appointed fiduciary by that fiduciary) NALINI MANIAR |
| action was not required. Dated Signature (B) | by the chairman or vice chairman of the board, president or other officer-if directors are not been selected, by an incorporator – if in the hands of a receiver, trustee, or her court appointed fiduciary by that fiduciary) |
| action was not required. Dated Signature (B) | by the chairman or vice chairman of the board, president or other officer-if directors are not been selected, by an incorporator – if in the hands of a receiver, trustee, or her court appointed fiduciary by that fiduciary) NALINI MANIAR |