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## **COVER LETTER**

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Procon-X, Inc. DOCUMENT NUMBER: P12000007562 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Gyula Lukacs Name of Contact Person Procon-X, Inc. Firm/ Company 1926 Hillview St. Address Sarasota, FL 34239 City/ State and Zip Code gylukacs@procon-x.com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Gyula Lukacs 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 □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Taliahassee, FL 32314

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

FILED 13 HGV 22 PK 1:23

Procon-X, Inc.			SE(	TATE OF YEATER
(Name of Corporation as	currently filed with the	Florida Dept. of State)	TAL	DRETARY OF STATE LAHASSEE, FLORIDA
P12000007562				) r comba
(Documen	nt Number of Corporation	(if known)		•
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Carporation	adopts the following	ng amendment(s) to
A. If amending name, enter the new n	ame of the corporation;			
				_The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professional corpo "P.A."	ration name must	bbreviation contain the
B. Enter new principal office address, if applicable:		1926 Hillview	St.	_
		Sarasota, FL	34239	<del>-</del>
C. Enter new mailing address, if applicable:		1926 Hillview	St.	_
(Mailing address MAY BE A POST	OFFICE BOX)			<del>-</del>
		Sarasota, FL	34239	_
			<u> </u>	-
D. If amending the registered agent an new registered agent and/or the ne	id/or resistered office addres	iress in Florida, enter the na Ei	me of the	
Name of New Registered Agent	Gyula Lukacs		_	
	4368 Meadov	vland Circle		
	(Florida s	treet address)	_	
New Registered Office Address:	Sarasota	, Florid	<u>,</u> 34233	_
	(Cin	9)	(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist  X	tered agent. I am familiar	yith and accept the obligation	ns of the position.	
Si	gnature SLNew 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	PT	John Do	<b>X</b> 2	
X Remove	Y	Mike Jo	ones .	
_X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	Title		Name	Address
1) Change	D, P	_	Gyula Lukacs	4368 Meadowland Circle
Add				Sarasota, FL 34233
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change	<del></del>	<del></del>		
Add				
Remove				
ه ا				
6) Change				
Add				
Remove				

Page 2 of 4

Attach additional sheets, if necessary). (Be specific)	
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	- <del> </del>
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	····
If an amendment provides for an exchange, reclassification, or cancellation of issued s	hares.
provisions for implementing the amendment if not contained in the amendment itself (if not applicable, indicate N/A)	Ĺ
(y not approache, manuale 1921)	
<b>A</b>	
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The date of each amendment(s) add date this document was signed.	option: 11-07-2013	, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suff	sted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by	н	
	(voling group)	
The amendment(s) was/were adop action was not required.	ted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adop action was not required.	ted by the incorporators without shareholder action and shareholder	
Dated///- {	-/3	
Signature	19	_
	ector, president or other officer - if directors or officers have not been	
	by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	
	Gyula Lukacs	
-	(Typed or printed name of person signing)	
	Director and President	
_	(Title of person signing)	- <del></del>