## PN 000010443

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Amendment Section

P.O. Box 6327

**Division of Corporations** 

Tallahassee, FL 32314

OCUMENT NUMBER: P12000076443
ne enclosed Articles of Amendment and fee are submitted for filing.
ease return all correspondence concerning this matter to the following:
Rick BLAKE  Name of Contact Person  Patent Services USA  Firm/ Company  12000 BISCAYNE BIVID # 700  Address  N. MINMI, FL 33181  City/ State and Zip Code  Rick & Own MY INVENTION. Com  E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
Rick BLAKE at (786) 703-7214  Name of Contact Person Area Code & Daytime Telephone Number
nclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Securificate of Status Certified Copy (Additional copy is enclosed)  \$35 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address

Amendment Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



16 SEP 16 PM 1:55

PATENT SERVICES USA 1	NC 10 (1) (1) (1)
(Name of Corporation as currently	filed with the Florida Dept-of State)
P 120000 76 443	
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address:  new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent	
(Florida stree	address)
New Registered Office Address:	, Florida
(6	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with	h and accept the obligations of the position.
Signature of New Reg	ristered 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.

Mike Jones, V as Rem			e should be holed as some Doe, I I as a Change,
Example: X Change	<u>PT</u> <u>Joh</u>	n Doc	
X Remove	<u>V</u> <u>Mil</u>	<u>ke Jones</u>	
X Add	<u>SV</u> <u>Sall</u>	ly <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	ID	MOHAMMAD ASSAF	12000 BISCAYNE BIND #700
Add			N. HIAMI, FL 33181
_X Remove			
2) Change	VP	James Tennings	12000 BISCAYNE BIND #700
_X_ Add			N. MIAMI, FL 33181
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			

ach additional sheets, if necessar	Articles, enter change v). (Be specific)			
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in amendment provides for an e ovisions for implementing the a	mendment if not con	tion, or cancella tained in the am	tion of issued shar endment itself:	<u>'es,</u>
(if not applicable, indicate N/A	)			
·				
				<del></del>

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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	nt(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ement ement
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
by"  (voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	older
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 9/13/16	
Signature	
(by a director, president or other officer, if directors of officers have not be	en
selected, by an incorporator - if in the hands of a receiver, trustee, or other cappointed fiduciary by that fiduciary)	oun
Jomes Jennings (Typed or printed name of person signing)	
Vice President	
(Title of person signing)	