From: Janae Atherley 2/12/13

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Phone : (561)623-0241
Fax Number : (561)953-0089

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN BATU CORP

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Amend

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T. LEWIS

## **COVER LETTER**

| TO: | Amend   | lmen | t Sec | :tion  |      |
|-----|---------|------|-------|--------|------|
|     | Divisio | n of | Con   | porati | ้อกร |

| NAME OF CORPOR   | RATION: BATU CC                            | RP  |   |  |
|--|--|---|---|--|
| DOCUMENT NUMB  | BER: P130000138                            | 808   |   |  |
|  | of Amendment and foc are su                |   |   |  |
| Please return all corres                                     | spondence concerning this ma               | tter to the following:  |   |  |
|  | HUBERT MCIN                                | NTOSH   |   |  |
|  |  | Name of Contact Person  |   |  |
|  | RE-MMAP INC                                | <b>&gt;.</b>  |   |  |
|  |  | Firm/ Company   |   |  |
|  | 4500 BELVED                                | ERE ROAD, S   | SUITE A-3   |  |
|  |  | Address   |   |  |
|  | WEST PALM E                                | BEACH, FL 33  | 3415  |  |
|  |  | City/ State and Zip Code  | 3   |  |
| INI  | FO@RE-MMAF                                 | COM   |   |  |
| 11/11  |  | sed for future annual report                                      | motification)   |  |
|  | e-man address. (to be us                   | sed for future annual report                                      | nouncation)   |  |
| For farthar information                                      |  | eo antic  |   |  |
| For further information concerning this matter, please call: |  |   |   |  |
| HUBERT M   | ICINTOSH                                   | at (561   | 623-0241  |  |
| Name   | of Contact Person                          | Area Coo  | le & Daytime Telephone Number   |  |
| Enclosed is a check to                                       | r the following amount made p              | payable to the Florida Depa                                       | rtment of State:  |  |
| S35 Filing Fee   | ☐S43.75 Filing Fcc & Certificate of Status | □S43.75 Fiting Fce & Certified Copy (Additional copy is enclosed) | ☐S52.50 Filing Fcc Certificate of Status Certified Copy (Additional Copy is enclosed) |  |
| <u>Mai</u>   | ling Address                               | Street  | Address   |  |

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

From: Janae Atherley

Fax: +1 (561) 948-1267

To: Division of Corporations Fax: +1 (850) 617-6380

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2013 FEB 12 PH 3: 07

ALLAHA SSEE, PLORIDA

## Articles of Amendment to Articles of Incorporation of

## **BATU CORP**

| (Name of Corporation as currently  | filed with the Florida Dept             | . of State)                               | 1.0,   | PLORIDA                    |
|--|---|---|--|----------------------------|
| P13000013808   |   |   |  | -1102                      |
| (Document Number   | of Corporation (if known)               |   |  | •                          |
| Pursuant to the provisions of section 607,1006, Flori its Articles of Incorporation:   | ida Statutes, this <i>Florida Pro</i> j | <i>fit Corporation</i> ado <sub>l</sub>   | pts the following                              | g amendment(s) to          |
| A. If amending name, enter the new name of the   | corporation:                            |   |  |                            |
|  |   |   |  | _The new                   |
| name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Corword "chartered," "professional association," or the | rp," "Inc," or "Co". A pro              | ny," or "incorpora<br>Jessional corporati | ated" or the al<br>on name must c              | bbreviation<br>contain the |
| B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AL   |   | ) — () — () — () — () — () — () — () —    | <u>,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, </u> |                            |
|  |   | <u>-</u>                                  |  |                            |
| C. Enter new mailing address, if applicable:<br>(Mailing address <u>MAY BE A POST OFFICE B</u>   | <u> </u>                                |   |  |                            |
|  |   |   |  |                            |
| D. If amending the registered agent and/or regist<br>new registered agent and/or the new registere   |   | da, enter the name                        | of the   | •                          |
| Name of New Registered Agent   |   |   |  |                            |
|  | (Florida street uddress)                |   |  |                            |
| New Registered Office Address:   | (City)                                  | Florida                                   | 77: (C. 4.)                                    |                            |
|  | 11 (11)                                 |   | (Zip Code)                                     |                            |

Signature of New Registered Agent, if changing

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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; CE() = 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 Sully Smith, SV as an Add.

| Example: X Change             | PT        | John Doe      |                 |                           |
|-------------------------------|-----------|---------------|-----------------|---------------------------|
| X Remove                      | <u>V</u>  | Mike Jones    |                 |                           |
| X Add                         | <u>sv</u> | Sally Smith   |                 |                           |
| Type of Action<br>(Check One) | Title     | 1             | Name:           | <u>Addres</u> s           |
| 1)Change                      | P         | _ [           | MARIA A. GRANDI | 2333 WABURTON TERRACE     |
| X Add                         |           |               |                 | WEST PALM BEACH, FL 33414 |
| Remove                        |           |               |                 |                           |
| 2) Change                     |           |               |                 |                           |
| Add                           |           |               |                 |                           |
| Remove                        |           |               |                 |                           |
| 3) Change                     |           |               |                 |                           |
| Add                           |           |               |                 |                           |
| Remove                        |           |               |                 | <del>-</del>              |
| 4) Change                     |           |               |                 |                           |
| Add                           |           |               |                 |                           |
| Remove                        |           |               |                 |                           |
| 5) Change                     |           |               |                 |                           |
| Add                           |           |               |                 |                           |
| Remove                        |           |               |                 |                           |
| <u></u>                       |           |               |                 |                           |
| 6) Change                     |           | <del></del> - |                 |                           |
| Add                           |           |               |                 |                           |
| Remove                        |           |               |                 |                           |

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| If amending or addin<br>Attach <i>additional she</i>      | ets, if nevessary).                   | (Be specific)                            |   |                                       |            |
|---|---------------------------------------|--|---|---------------------------------------|------------|
|   |                                       |  |   |                                       |            |
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|   |                                       |  |   |                                       |            |
|   |                                       |  |   |                                       |            |
| f an amendment propositions for imple  (if not applicable | enienting the anier                   | nange, reclassifica<br>ndment if not con | tion, or cancellat<br>tained in the any | ion of issued shar<br>indment itself: | <u>es,</u> |
|   |                                       |  |   |                                       |            |
|   |                                       |  |   |                                       | <u>.</u> . |
|   |                                       |  |   |                                       |            |
|   |                                       |  |   |                                       |            |
|   | · · · · · · · · · · · · · · · · · · · | ·  |   |                                       |            |
|   |                                       |  |   |                                       |            |
|   |                                       |  |   |                                       |            |

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| The date of each amendment(s                            | s) adoption: 02/12/2013   |
|---|---|
| Effective date if applicable:                           | 02/11/2013  |
| Enterite date in applicative.                           | (no more than 90 days after amendment file date)  |
| Adoption of Amendment(s)                                | (CHECK ONE)   |
| ☐ The amendment(s) was/were by the shareholders was/wer | adopted by the shareholders. The number of votes east for the amendment(s) e sufficient for approval.   |
|   | approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):  |
| "The number of votes of                                 | east for the amendment(s) was/were sufficient for approval  |
| by  | (voting group)  |
|   | (voting group)  |
| ☐ The amendment(s) was/were action was not required.    | adopted by the board of directors without shareholder action and shareholder  |
| The amendment(s) was/were action was not required.      | adopted by the incorporators without shareholder action and shareholder   |
| <sub>Dated</sub> 02/1                                   | 12/2013   |
| Signature   | 12/2013<br>Jango Af holog   |
| (By   | a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary) |
|   | JANAE ATHERLEY  |
|   | (Typed or printed name of person signing)   |
|   | INCORPORATOR  |
|   | (Title of person signing)   |