## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((II130001164783)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Comporations

Fax Number

: (950)617-6380

Prom:

Account Name : LEGALZOOM.COM INC.

Account Number : 120010000062

Phone

: (323) 962-6500

Fax Number

: (323) 962-3869

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

MAY 28 2013

R. WHITE

COR AMND/RESTATE/CORRECT OR O/D RESIGN SWISTURN PRECISION, INC.

MAY 24

Certificate of Status	0
Certified Copy	1
Page Count	D4
Estimated Charge	\$43.75

Electronic Filing Menu

Corporate Filing Menu

Help

## COVERLETTER

TO: Amendment Section Division of Corporations

NAME OF CORE	PORATION: SWISTUR	N PRECISION	I. INC.			
DOCUMENTNU	MENTNUMBER: P13000039438					
The enclosed Artic	cles of Amendment and fee a	re submitted for f	iling.			
Please return all co	orrespondence concerning thi	is matter to the fol	lowing:			
	Imelda Vasquez (Name of Contact Porson)					
	(i-taile					
Legalzoom.com, inc.						
-	(Firm/ Company)					
	100 W. Broadway Suite 100					
		(Address)				
	Gle	endale, CA 91210				
	(City/S	tate and Zip Code)				
For further inform	ation concerning this matter,	please call:		٠.		
	imelda Vasquez	at( <u>323</u> _	982-860	00 x7950		
(Name of Contact Person)		(Area (	lode & Daytin	e Telephone Number)		
Enclosed is a chec	k for the following amount n	nade payable to th	e Florida Do	partment of State:		
∭\$35 Filing Fce	S43.75 Filing Fee & Certificate of Status	✓ \$43.75 Filin Certified Co (Additional enclosed)	opy copy is	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Malling Address		StreeAddr				
Amendment Section		Amendment	•	•		
Division of Corporations P.O. Box 6327  Division of Corporations Clifton Building			5			
Tatlahassee, FL 32314		2661 Execu		Circle		
		Tallahassee.				

FILED

Articles of Amendment to Articles of Incorporation of 13 MAY 24 PM 2:45

SECRETARY OF STATES

SWISTURN PRECISION, INC.						
(Name of Corporation as currently filed with the Florida Dept. of State)						
P13000039438						
(Document Number of Corporation (if known)						
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:						
A. If amending name, enter the new name of the corporation:						
SWISTURN, INCORPORATED						
The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co" or the designation "Corp," "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."						
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 in Florida, enter the name of the new registered agent and/or the new registered office address:						
Name of New Registered Agent:						
New Registered Office Address: (Florida street address)						
(City) Florida (Zip Code)						
(City) (Zip Code)						
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.						
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)

Title Name Address Type of Act

Title	Name	Address	Type of Action				
			□ Add				
			☐ Remove				
			bbA 🖾				
<del></del>			☐ Remove				
	•						
			Add Add				
			Remove				
			•				
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)							
(Ruden dad	uonai sheeis, ij nedessury). (De speciji	·/					
		·					
		<del></del>					
F. If an ame	ndment provides for an exchange, recla	ssification, or cancellation of is:	med shares,				
provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)							
(g nor	appacable, indicate IVA)						

Page 3 of 3