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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: MOTOBATT USA	A, LIMITED INC.		
DOCUMENT NUMB				
	f Amendment and fee are su	bmitted for filing.		
Please return all corres	ondence concerning this ma	tter to the following:		
	ACQUELINE WILLIAMS			
-		Name of Contact Person	)	
		Firm <sup>/</sup> Company		
_	1316 W. ADAMS ST			
	ACKSONVILLE, FL 33204	Address		
-		City/ State and Zip Code	૯	
JACK	E@SUNNBATTERY.COM	l		
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
JACQUELINE WILLIAMS		904	354-4508	
Name of Contact Person		at ( 904 354-4508 Area Code & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	urtment of State:	
S35 Filing Fee	□843.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

SELSETARY OF STATE AT PRISION OF CORPORATION

## Articles of Amendment to Articles of Incorporation of

MOTOBATT USA, LIMITED INC.

(Name of Corporation as currently f	ited with the Florida Dept. of State)	<del></del>
P14000008097		
(Document Number of C	orporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this $Fla$ its Articles of Incorporation:	orida Profit Corporation adopts the following	g amendment(s) t
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.,	". A professional corporation name must c	bbreviation vontain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )		
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	TIVISI 17
Name of New Registered Agent		DEC 22
(Florida street	address)	- P
New Registered Office Address: (C	ity) Zip :	12. Code: 0. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.
	,	<b>1</b> 25.
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations of the position	S
Stanature of New Rev	ustered 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: <u>X</u> Change	<u>PT</u>	John Doe				
X Remove	<u>V</u>	Mike Jones				
X Add	<u>SV</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s		
1) Change	P	GERA	ALD WATTERSON, E. JR	1316 W ADAMS ST		
Add X				JACKSONVILLE, FL 32204		
Remove						
2) Change	!>	MAT	THEW FINCH	2604 TURNBRIDGE		
X Add				ST. AUGUSTINE, FL 32092		
Remove						
3 ) Change						
Add						
Remove						
4) Change						
Add						
Remove						
5) Change	·					
Add						
Remove						
6) Change						
Add						
Remove						

(Attach additional sheets, if $\kappa$	litional Artic necessary).		·			
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f an amendment provides	for an excha	<u>nge, reclassif</u>	ication, or car	icellation of is:	sued shares,	
provisions for implementi (if not applicable, indic	ng the amen cate N/A)	ament n noce	ontamed in ti	ie amendinent	usen;	
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The date of each amendment(s) adoption: NOVEMby 1, 2017	, if other than the
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 date who document's effective date on the Department of State's records.	all not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes east for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated_NOV. 1, 2017	
Signature 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
(by a director, president or other officer – it directors of officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Gerald Watters Do. (Typed or printed name of person signing)	
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YYYAUU U	<del></del>
(Title of person signing)	