# P140033462

(Requ	uestor's Name)	
nbbA)	ress)	
(Addr	ress)	
(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Docu	ıment Number	)
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	





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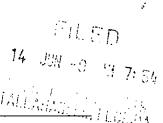
R. WHITE

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: ADULT ERG	OTIC NOVELTIE	S, INC.
DOCUMENT NUMB	D14000033463	)	
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
	MARCIA GARCIA		
-		Name of Contact Person	1
-	1172 SOUTH DIX	Firm/ Company IE HIGHWAY ST	E 287
	CORAL GABLES	Address FL 33146	
		City/ State and Zip Code	e
FRO	DDRI1957@LIVE.		
	E-mail address: (to be us	ed for future annual report	notification)
For further information	concerning this matter, pleas	e call:	
MARCIA GAR	CIA	at (	360-8536
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
☐ \$35 Filing Fee	□\$43.75 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)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assec, FL 32301

#### **Articles of Amendment** Articles of Incorporation of



### ADULT EROTIC NOVELTIES, INC.

(Name of Corporation as currently filed with the Florida Dept. of State) P14000033462

ent(s) to

F 14000033402			
(Documer	nt Number of Corporation (	if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation ad	opts the following amendme
A. If amending name, enter the new name, SCTI INC.	ame of the corporation:		
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or '	'Co". A professional corpora	
B. Enter new principal office address, (Principal office address MUST BE A S	if applicable:	N/A	
	,		
C. Enter new mailing address, if appli (Mailing address MAY BE A POST		N/A	
D. If amending the registered agent ar			ne of the
new registered agent and/or the ne		<u>s:</u>	
Name of New Registered Agent	N/A		
	(Florida st	reet address)	
New Registered Office Address:	N/A	, Florida	
	(City)	··	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist			s of the position.
C	emature of New Pagistanad	Agent if changing	

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)

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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change		N/A	·
Add			
Remove			
2) Change		N/A	
Add			
Remove			
3) Change		N/A	
Add			
Remove			
4) Change		N/A	
Add			
Remove			
5) Change		N/A	
Add			
Remove			
6) Change		N/A	
Add			
Remove			

If amending or adding additional Arti	icles, enter change(s) here:
(Attach additional sheets, if necessary).	(Be specific)
/A	
	A CONTRACTOR OF THE CONTRACTOR
	William Control of the Control of th
16	
nrovisions for implementing the ame	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	The amendment toom
/A	
	110000000000000000000000000000000000000

The date of each amendment(s) adoption: N/A	, if other than the
date this document was signed.	
Effective date if applicable: N/A	
(no more than 90 days after amendment file date)	<del>_</del>
Adoption of Amendment(s) (CHECK ONE)	
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 cast 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_06/05/14	
Signature Nava Hava	
(By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
MARCIA GARCIA	
(Typed or printed name of person signing)	<del></del>
PRESIDENT	
(Title of person signing)	