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| (Re | equestor's Name) | | | |
|---|--------------------|-----------|--|--|
| (Ac | ldress) | | | |
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| (Ci | ty/State/Zip/Phone | #) | | |
| PICK-UP | ☐ WAIT | MAIL. | | |
| (Ві | usiness Entity Nam | e) | | |
| (De | ocument Number) | | | |
|)()) | ocument Number) | | | |
| Certified Copies | Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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| ON SERVICE COMPANY' |
|---|
| ACCOUNT NO. : 12000000195 |
| REFERENCE : 161245 7998896 |
| AUTHORIZATION : |
| COST LIMIT : \$35.00 |
| ORDER DATE : June 2, 2014 |
| ORDER TIME : 8:55 AM |
| ORDER NO. : 161245-005 |
| CUSTOMER NO: 7998896 |
| DOMESTIC AMENDMENT FILING NAME: E-CORE TECHNOLOGY, INC. |
| EFFECTIVE DATE: |
| XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: |
| CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING |
| CONTACT PERSON: Emily Gray EXT# 62925 |
| EXAMINER'S INITIALS: |

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: E-CORE T | | INC. | |
|---|---|--|--|
| DOCUMENT NUMBER: P1400034096 | | | |
| The enclosed Articles of Amendment and fee are su | hmitted for filing. | | |
| Please return all correspondence concerning this mai | tter to the following: | | |
| Francis Rizzitano | • | | |
| APPA FIRST SEATON DESCRIPTION OF THE PROPERTY | Name of Contact Perso | n | |
| New England Ted | chnology, Inc. | | |
| | Firm/ Company | ************************************** | |
| 1020 Plain Street | Suite 110 | | |
| | Address | | |
| Marshfield, MA 0 | 2050 | | |
| | City/ State and Zip Cod | e | |
| fr@neticentral.com | | | |
| E-mail address: (to be use | ed for future annual report | notification) | |
| For further information concerning this matter, please | e call: | | |
| Francis Rizzitano | at (<u>781</u> | , 319-0800 x215 | |
| Name of Contact Person | Area Co | de & Daytime Telephone Number | |
| Enclosed is a check for the following amount made p | ayable to the Florida Depa | artment of State: | |
| ■ \$35 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 | | |

Articles of Amendment to Articles of Incorporation of

| E-CORE TECHNOLOGY, INC | · | | | |
|---|--|---------------------------------------|-------------------------|-------------------|
| (Name of Corporation as currently P1400034096 | y filed with the Flo | rida Dept. of State) | | _ |
| (Document Number | of Corporation (if k | nown) | | |
| Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation: | , | | on adopts the following | ng amendment(s) t |
| A. If amending name, enter the new name of the | corporation: | | | |
| | | · · · · · · · · · · · · · · · · · · · | | _7he new |
| name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or to | orp," "Inc," or "Ca | ". A professional con | | |
| B. Enter new principal office address, if applical (Principal office address MUST BE A STREET AL | | | | - |
| | | | | - |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B | <u>30X</u>) | | | _ |
| | | | | <u></u> |
| D. If amending the registered agent and/or regist new registered agent and/or the new registere | | in Florida, enter the | name of the | 14 |
| | | | · | |
| | (Florida street | address | | (A) |
| V. D | | | | |
| New Registered Office Address: | (City) | Flo | (Zip Code) | |
| New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent. | egistered Agent; I am familiar with | and accept the obliga | tions of the position. | |
| Signature of | New Registered Age | nt if changing | | |
| congruence of t | | | | |

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 = ChiefExecutive 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 | V | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | Title | <u>Name</u> | Address |
| 1) Change | Р | DAVID ROMANO | 2204 RESIDENCE CIR |
| Add | | | NAPLES, FL 34105 |
| Remove | | | |
| 2) Change | V | ERIC LIMONT | PO BOX 280 |
| Add | | | 892 SUMMER ST |
| Remove | | | MARSHFIELD, MA 02050- |
| 3) Change | | <u> </u> | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | • |
| Remove | | | |

| Treatment (Inc.) | litional sheet. | s, if necessary | rticles, enter). (Be spec | įfic) | | | |
|---------------------------------------|-----------------|---|-------------------------------|--|----------------|---------------------------------|-------------|
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| <u>rovisions</u> | for implem | ides for an exc enting the am indicate N/A) | change, recla endment if r | ssification, on the contained | or cancellatio | n of issued sh dment itself: | ares. |
| | | | | | | | |
| | <u>.</u> | | | | | | ···· |
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| The date of each amendment(s) adoption: 4/1 //2014 | , if other than the |
|--|---------------------|
| date this document was signed. | |
| Effective date if applicable: | |
| (no more than 90 days after amendment file date) | |
| Adoption of Amendment(s) (CHECK ONE) | |
| The amendment(s) was/were adopted by the shareholders. The number of votes east 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) | |
| 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 6/2/2014 | |
| Signature Don't Ronun | |
| (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) | |
| David Romano | |
| (Typed or printed name of person signing) | _ |
| President | |
| (Title of person signing) | _ |

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