P14000042830

(Re	equestor's Name)	_
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #	9
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name)
(Do	ocument Number)	
Certified Copies	_ Certificates o	f Status
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TO: Amendment Section

COVER LETTER

Division of Corporations Skylab USA, Inc. NAME OF CORPORATION: _ P14000042830 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Peggy Smith Name of Contact Person Booth Udall Fuller, PLC Firm/ Company 1255 W. Rio Salado Parkway, Suite 215 Address Tempe, AZ 85281 City/ State and Zip Code psmith@boothudall.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Peggy Smith Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee □\$43.75 Filing Fee & **■\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing 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

Articles of Amendment to Articles of Incorporation of

C)
Skylab U	JSA, Inc.
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P14000042830)
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Economic Transformation Technologies Corporation	Tt
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:	28
(Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office add	
new registered agent and/or the new registered office addres	<u>85:</u>
Name of New Registered Agent	
(Florida s	treet address)
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen	ıt·
I hereby accept the appointment as registered agent. I am familiar	
Signature of New	Registered Agent, if changing
Signame of fren	responded rightly 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 Do	<u>oe</u>			
X Remove	<u>V</u>	Mike Jo	<u>ynes</u>			
X Add	<u>SV</u>	Sally Sr	nith			
Type of Action (Check One)	Title		<u>Name</u>			<u>Addres</u> s
1) Change		_			 -	
Add						
Remove						
2) Change		_				
Add						
Remove						-
3) Change						
Add		_	-		 	
Remove						
() Change						
4) Change		_				 -
Add						
Remove						
5) Change				_		
Add						
Remove						
6) Change		_				
Add						
Remove						

	heets, if necessary). (Be s	ресінс)		
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an amendment p	orovides for an exchange, r	reclassification, or ca	ancellation of issued	shares.
<u>provisions for imp</u>	olementing the amendmen	t if not contained in	the amendment itsel	<u>[:</u>
(if not applical	ble, indicate N/A)			
<u>.</u> .			-	-
		·- <u>-</u> -		
	<u> </u>	<u> </u>		

The date of each amendment(s) adoption:	, if other than the
·	
Effective date if applicable: (no more than 90 days after amendment file date)	
(no more man 90 days after amenament fue date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	I not be listed as the
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.	
11/15/2018 1:19:09 PM PST Dated	
DocuSigned by:	
Signature (By a diffector president or other officer – if directors or officers have not been	<u></u>
(By a diffector 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)	
Dean Grey	
(Typed or printed name of person signing)	
President	
(Title of person signing)	