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K. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

i.• "

NAME OF CORPOR	ATION: USDROBOTICS I	NC		
DOCUMENT NUMB	ER: P15000061853			
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
,	WILLIAM MCPHERSON			
-		Name of Contact Person	1	
Ţ	JSDROBOTICS INC			
-	· · · · · · · · · · · · · · · · · · ·	Firm/ Company		
8	375 E SEMORAN BLVD			
_	Address			
4	APOPKA, FL 32703			
-		City/ State and Zip Cod	e	
BILL@	USDROBOTICS.COM			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, please	se call:		
WILLIAM MCPHERSON		407	3404498	
Name o	f Contact Person	Area Code & 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)	
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



USDROBOTICS INC

(Name of Corporation as o	currently filed with the Florida Dept. of State) LUNIUA
USDROBOTICS INC	
(Document Nu	umber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutits Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporate	tion:
	The new
	rporation," "company," or "incorporated" or the abbreviation c," or "Co". A professional corporation name must contain the viation "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 <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered off	ice address in Florida, enter the name of the
new registered agent and/or the new registered office	address:
Name of New Registered Agent	
(FI	lorida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered	4.44.
I hereby accept the appointment as registered agent. I am fa	
Signature o	of New Registered Agent, if changing
Dignative o	green regulation regains grantinging

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)	<u>Title</u>	Name	<u>Addres</u> s	
1) x Change	CEO	BRAD RITTI	875 E SEMORAN BLVD	
Add			APOPKA, FL 32703	
Remove				
2) Change	CFO	CHRIS DEMKO	875 E SEMORAN BLVD	
Add			APOPKA, FL 32703	
X Remove				
3) Change	C00	CHRIS DEMKO	875 E SEMORAN BLVD	
X Add			APOPKA, FL 32703	
Remove				
4) Change	VP	WILLIAM MCPHERSON	875 E SEMORAN BLVD	
X Add			APOPKA, FL 32703	
Remove				
5) Change				
Add			-	
Remove				
6) Change				
Add				
Pamoua				

amending or adding additi- ttach additional sheets, if nec	cessary). (Be spec	ific)			
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	-				
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an amendment provides fo	r an exchange, recl	assification, or ca	ncellation of issu	ed shares,	
provisions for implementing	the amendment if	not contained in t	he amendment it	self:	
(if not applicable, indicat	IE IVA)				
					
<u></u>					
				-	

•	03/01/2016	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
	3/01/2016	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file da	te)
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requireme Department of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the a sufficient for approval.	mendment(s)
	approved by the shareholders through voting groups. The follow for each voting group entitled to vote separately on the amenda	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and	i shareholder
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and sha	reholder
Dated	8/16	
Signature	la Muse	
	director, president or other officer - if directors or officers have	
	cted, by an incorporator – if in the hands of a receiver, trustee, obinted fiduciary by that fiduciary)	r other court
	DAVID RUSSEL	
	(Typed or printed name of person signing)	
	CEO	
	(Title of person signing)	