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R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR | ATION: SYA ROSE STAF | FING SERVICES INC. | |
|--------------------------|--|--|--|
| DOCUMENT NUMB | ER: P15000068639 | | |
| | of Amendment and fee are su | ibmitted for filing. | |
| Please return all corres | pondence concerning this ma | tter to the following: | |
| | Processing Department | | |
| - | | Name of Contact Person | n |
| | My Corporation Business Se | rvices, Inc. | |
| - | <u>.</u> | Firm/ Company | |
| | 26025 MUREAU RD STE 1 | • • | |
| - | | Address | |
| | CALABASAS, CA 91302 | | |
| - | | City/ State and Zip Cod | e |
| proces | sing@mycorporation.com | | |
| | E-mail address: (to be us | sed for future annual report | notification) |
| For further information | concerning this matter, please | se call: | |
| Processing Departmen | t | at (<u>877</u> | de & Daytime Telephone Number |
| 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) |
| Amer Divis P.O. | ing Address ndment Section ion of Corporations Box 6327 hassee, FL 32314 | Ameno Divisio Clifton | Address Iment Section on of Corporations Building Executive Center Circle |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

| 17 | APR | 17 | RMH: | 09 |
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| | • • • | | | |

SYA ROSE STAFFING SERVICES INC.

| | | filed with the Florida Dept. of State) | |
|--|--------------------------|--|-----------------|
| r | | | |
| | P1500006 | 8639 | |
| (| Document Number of | Corporation (if known) | |
| Pursuant to the provisions of section 607.1006, its Articles of Incorporation: | Florida Statutes, this I | Florida Profit Corporation adopts the following | amendment(s) to |
| A. If amending name, enter the new name of | the corporation: | | |
| SyaRose Technology Services Inc. | | | The new |
| name must be distinguishable and contain th "Corp" "Inc.," or Co" or the designation word "chartered," "professional association," | "Corp," "Inc," or "C | ," "company," or "incorporated" or the abo Co". A professional corporation name must co | breviation |
| B. Enter new principal office address, if appl | icable: | 2957 Capital Park Dr. Suite # 5 | |
| (Principal office address <u>MUST BE A STREE</u> | | Tallahassee, FL 32301 | |
| | | | |
| C. Enter new mailing address, if applicable: | | 2957 Capital Park Dr. Suite # 5 | |
| (Mailing address MAY BE A POST OFFIC | CE BOX) | 2937 Capital Falk Di. Suite # 3 | |
| | | Tallahassee, FL 32301 | _ |
| | | | |
| D. If amending the registered agent and/or re | egistered office addre | ess in Florida, enter the name of the | |
| new registered agent and/or the new regis | tered office address: | | |
| Name of New Registered Agent | | | |
| 2957 | Capital Park Dr. Suite | # 5 | |
| | (Florida stre | et address) | |
| New Registered Office Address: | nassee | 32301 , Florida | |
| New Registerett Office Attoress. | 1 | City) (Zip Co | ode) |

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 Doc, 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> | <u>Nar</u> | <u>ne</u> | | <u>Addres</u> s |
| 1) X Change | DPST | SA_ | DAGOPAL, SYANTHIYAN | NA A | 2957 Capital Park Dr. Suite # 5 |
| Add | | | | | Tallahassee, FL 32301 |
| Remove | | | | | |
| 2) Change | | | | | |
| Add | | | | | |
| Remove | | | | | |
| 3) Change | | <u> </u> | | | |
| Add | | | | | |
| Remove | | | | | |
| 4) Change | | _ | | | |
| Add | | | | | |
| Remove | | | | | |
| 5) Change | | | | | |
| Add | | | | | |
| Remove | | | | | |
| | | | | | |
| 6) Change | | | | | |
| Add | | | | | |
| Remove | | | | | |

| If amending or adding additional Arti Attach additional sheets, if necessary). | (Be specific) | | | |
|---|------------------------|--------------------|-------------------|-------------|
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| If an amendment provides for an exch | ange, reclassification | ı, or cancellation | of issued shares, | |
| provisions for implementing the ame (if not applicable, indicate N/A) | adment if not contain | ned in the amend | ment itself: | |
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| 04/11/2017 |
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| The date of each amendment(s) adoption:, if other than the date this document was signed. |
| 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 will not be listed as the document's effective date on the Department of State's records. |
| 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 |
| Signature Syanthyanaradagapal |
| (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) |
| Syanthiyana Angelena Sadagopal |
| (Typed or printed name of person signing) |
| President Chief Executive Officer |
| (Title of person signing) |

Articles of Amendment to **Articles of Incorporation** of

17 APR 17 AMTI: 09

| | SIA KOSE SIAFFI | NG SERVICES INC. | | |
|---|---|---|--|--|
| (Name of | Corporation as curren | tly filed with the Florida | Dept. of State) | |
| | P15000 | 0068639 | | |
| | (Document Number | of Corporation (if known) | | |
| Pursuant to the provisions of section 607.1 its Articles of Incorporation: | 006, Florida Statutes, thi | s Florida Profit Corporati | on adopts the following amendment(s) t | |
| A. If amending name, enter the new nar | ne of the corporation: | | | |
| SyaRose Technology Services Inc. | | | The new | |
| name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designa word "chartered," "professional associati | tion "Corp," "Inc," or | "Co". A professional con | corporated" or the abbreviation | |
| B. Enter new principal office address, if | applicable: | 2957 Capital Park Dr. | . Suite # 5 | |
| (Principal office address <u>MUST BE A ST</u> | | Tallahassee, FL 3230 | 1 | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 2957 Capital Park Dr. Tallahassee, FL 3230 | | |
| D. If amending the registered agent and new registered agent and/or the new | or registered office ad registered office addre | dress in Florida, enter the | e name of the | |
| Name of New Registered Agent | | | | |
| _ | 2957 Capital Park Dr. St | | | |
| New Designation of Control Address | (Florida street address) Tallahassee | | , Florida | |
| New Registered Office Address: | | (City) | (Zip Code) | |
| New Registered Agent's Signature, if ch I hereby accept the appointment as registe | anging Registered Ager red agent. I am familia | nt: r with and accept the obliga | ations of the position. | |

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 Do | <u>oe</u> | |
|----------------------------|--------------|-------------|--------------------------|---------------------------------|
| X Remove | <u>v</u> | Mike Jo | <u>ones</u> | |
| X Add | <u>sv</u> | Sally St | <u>nith</u> | |
| Type of Action (Check One) | <u>Title</u> | | Name | <u>Addres</u> s |
| I) X Change | DPST | | SADAGOPAL, SYANTHIYANA A | 2957 Capital Park Dr. Suite # 5 |
| Add | | _ | | Tallahassee, FL 32301 |
| Remove | | | | |
| 2)Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 3) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 6) Change | | | | |
| Add | | | | |
| Remove | | | | |

| | cles, enter change(s) her (Be specific) | | | |
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| f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A) | idment if not contained | in the amendment | usen: | |
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| provisions for implementing the ame | ange, recrassification, o | in the amendment | iseii: | |
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| provisions for implementing the ame | ange, reclassification, o | in the amendment | iseii: | |
| provisions for implementing the ame | ange, recrassingution, o | in the amendment | iseii: | |

| 04/11/2017 | |
|--|---------------------------------------|
| The date of each amendment(s) adoption: | , if other than th |
| 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 requirement document's effective date on the Department of State's records. | s, this date will not be listed as th |
| Adoption of Amendment(s) (CHECK ONE) | |
| ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the ame by the shareholders was/were sufficient for approval. | ndment(s) |
| The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment | |
| "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 slaction was not required. | nareholder |
| ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. | older |
| Dated04/12/2017 | |
| Signature Syanthyanaradagapuh | |
| Signature (By a director, president or other officer – if directors or officers have a selected, by an incorporator – if in the hands of a receiver, trustee, or o appointed fiduciary by that fiduciary) | |
| Syanthiyana Angelena Sa | dagopal |
| (Typed or printed name of person signing) | |
| President Chief Executive Officer | |
| (Title of person signing) | |

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