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### **COVER LETTER**

TO: Amendment Section

Division of Corp	orations			
NAME OF CORPO	RATION: 5 gart	ary process	Solutions INC	
DOCUMENT NUM	BER:	0014139		
	of Amendment and fee are su			
Please return all corre	spondence concerning this ma	tter to the following:		
	Cas	Name of Contact Person		
	•	'Name of Contact Person	n '	
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		76 (a) gmail seed for future annual report		
For further informatio	n concerning this matter, pleas	se call:		
Casey P	elletter	at ( <u>72-7</u>	de & Daytime Telephone Number	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
	or 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)	
Mai	iling Address		Address	
Amendment Section		, Amendment Section		
Division of Corporations		Division of Corporations		
	. Box 6327		Building Executive Center Circle	
Tallahassee, FL 32314		2001 1	ACCULITE CHILD CHOIC	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

#### rticles of Incorporatio. of

### SANITARY PROCESS SOLUTIONS INC

(Name of Corporation	on as currently filed with the Florida Dept. of State)
(Docum	nent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	orporation:
	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or he B. Enter new principal office address, if applicable	
(Principal office address: MUST BE A-STREET ADD	DRESS )
33887	<u></u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u>x</u> )
	三 2 2 三 二
D. <u>If amending the registered agent and/or registered</u> new registered agent and/or the new registered of	office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	istered Agent: I am familiar with and accept the obligations of the position.
Sign	ating of Nav Pagistavad Agant if shanging

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.

Examples	e, ana sa	ny Simin, Si as an Ada.	
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	Address
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Add Remove			3388
2) Change		<u> </u>	
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Remove			
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amendment prov	vides for an exchange.	, reclassification, or c	ancellation of issued share	es.
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visions for implen	menting the amendme	ent if wot contained in	the amendment itself:	es.

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	<u> </u>
(no more than 90 days after amendment file date)	the design of the
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will n document's effective date on the Department of State's records.	ot 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 CESCY PEllofor	
(voting group)	
<ul> <li>☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.</li> <li>☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder</li> </ul>	
action was not required.	
Dated 5-2-16	
Signature  (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)	-
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
Offector	
(Title of person signing)	