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2016 JUN 20 AM 10: 43
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AND AM 10: 43

Amend

JUN 24 2016 I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	ATION: SACNITE CS INC	:	· · · · · · · · · · · · · · · · · · ·
DOCUMENT NUMBI			
	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
ŀ	KINAL DADAWALA		
		Name of Contact Perso	n
S	SACNITE CS INC		•
_	<u></u>	Firm/ Company	
6	7 W PALISADE AVE		
_		Address	
E	ENGLEWOOD NJ 07631		
-		City/ State and Zip Cod	le
ANAN	D DADAWAI A@GMAII	COM	
	D. DADAWALA@GMAIL	sed for future annual report	
For further information ANAND DADAWALA	concerning this matter, pleas		214-9606
Name of	Contact Person	Area Co) 214-9606 de & Daytime Telephone Number
Enclosed is a check for	the following amount made		
\$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)
	A.d.duone	Stand	4.44
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio Cliftor 2661 I	Address Iment Section on of Corporations a Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

SACNITE CS INC (Name of Corporation as currently filed with the Florida Dept. of State) P16000048513 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: KINAL DADAWALA Name of New Registered Agent 150 NEWFOUND HARBOR DR (Florida street address) MERRIT ISLAND New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations 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 Doe	
X Remove	¥	Mike Jones	
X Add	<u>sv</u>	Sally Smith	•
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	PRES	KINAL DADAWALA	49 FINNIGAN AVE #D34
X Add			SADDLE BROOK NJ 07663
Remove			
2) X Change	V PRES	APURVA RATHOD	49 FINNIGAN AVE #D33
Add			SADDLE BROOK NJ 07663
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			<u> </u>
Add			
Remove			

(Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)	
A	, , , , , , , , , , , , , , , , , , ,	
		-
·		
		<u>-</u>
f an amendment provides for an exch	sauge, reclassification, or cancellation of issued shares	
provisions for implementing the amen	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		

The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
Effective date if applicable:	
Effective date <u>if applicable</u> :	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this of document's effective date on the Department of State's records.	late 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 amendment by the shareholders was/were sufficient for approval.	c(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voling group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required.	der
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
06/10/2016	
Signature X Line	
(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 co- appointed fiduciary by that fiduciary)	urt
APURVA RATHOD	
(Typed or printed name of person signing)	
V PRESIDENT	
(Title of person signing)	

. . . .