P16000363516

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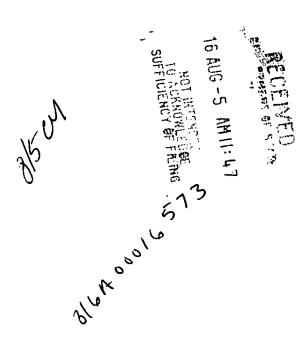
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cus	
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ATRADA INC.	
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COVER LETTER

TO: Amendment Section

Division of Corpo	orations			
NAME OF CORPOR	RATION: ATRADA INC.			
DOCUMENT NUMI	D16000063516			
The enclosed Articles	of Amendment and fee are Su	bmitted for filing.		
Please return all corres	spondence concerning this ma	itter to the following:		
	Emogene Ezell			
		Name of Contact Person	n	
	ATRADA INC.			
		Firm/ Company		
	11810 Highland Place			
		Address		
	Coral Springs, FL 33071			
		City/ State and Zip Cod	e	
Emai	l: dricaninfo@smail.co.et Ma	iling Address: P.O. Box 770	0633, Coral Springs, FL 33077	
	E-mail address: (to be used ryean in fo	sed for future annual report		
For further information	n concerning this matter, pleas	se call:	••	
Emogene Ezeli		at (796-8733 de & Daytime Telephone Number	
Name o	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	ertment of State:	
S35 Filing Fee	☐\$43.75 Filing Fec & Certificate of Status	☐\$43.75 Filing Fec & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Stat is Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section		Amend	Address ment Section	
	sion of Corporations Box 6327	Division of Corporations Clifton Building		
•	ahassee, FL 32314		xecutive Center Circle	
		Tallahassee, FL 32301		

Articles of Amendment Articles of Incorporation

(<u>Name o</u> P16000063516		tly filed with the Florida Dept	i. of State)		
P16000063516	(Document Number				
	(Document Number				
		of Corporation (if known)		<u></u>	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation ac	lopt the followin	g amendn	ieπt(s) t
A. If amending name, enter the new na	me of the corporation:				
				_The ne	
name must he distinguishahle and com "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp." "Inc," or	"Co". A professional corpora			
B. Enter new principal office address. Principal office address MUST BE A ST				_ _	
			-1-27 -1-27	<u>a</u> ,	
C. Enter new mailing address, if appli-	cahle:		الخراسية ويوب والمراجع	35	+1
(Mailing address MAY BE A POST (1	T()
			<u></u>	70	V
			1000 1000 1000	العقب الراب العقب العقب	
). If amending the registered agent an	1/04 maritum d a660 m = 1 d			# # E)
new registered agent and/or the new			ie a tre wa	2. 	
Name of New Registered Agent	Emogene Ezell				
	11810 Highland Place			•	
	(Florida st	reet address)	<u> </u>	•	
New Registered Office Address:	Coral Springs		Elorida 33071		
		(City)	(Zip (lode)	

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.

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:

(Annch 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 = Cl airman or Clerk; CEO = Chief Executive Officer: CFO = Chief Financial Officer. If an officer/director holds more than one title, ist 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 Iones is listed as the V. There is a change, Mike Iones leaves the corporation. Sally Smith is named the V and S. These should be note I as John Doe, PT as a Change. Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
I) Change	V	Lloyd A. Ferguson	
Add			
XRemove			
2) Change	τ	Lloyd A. Ferguson	
Add			
X Remove			
3) Change			
Remove			
4) Change	т	Emogene Ezell	11810 Hig sland Place
X Add			Coral Springs, FL 33071
Rcmove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

Attach additional sheets, if necess	al Articles, enter el sury). (Be specific	r)			
					_
	-				
					_
					_
	·				_
					
			<u> </u>		_
	 -				
f an amendment provides for a	a exchange, reclass	ification, or cance	ellation of issued s	hares.	
provisions for implementing the (if not applicable, indicate N	<u>e amenoment ii no</u> VA)	t contained in the	amendment itself:	<u> </u>	
		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
					
				······································	
					_
					_

77 - 14 - 26 - 4	August 4th, 2016	, if other than the
The date of each amendment(s) date this document was signed.	adoption:	, if Quer than the
Effective date if applicable:		
- 	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date department of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were as by the shareholders was/were	diopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	oproved by the shareholders through voting groups. The following s atement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were action was not required.	lopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were accion was not required.	lopted by the incorporators without shareholder action and shareholder	
August 4t	h. 2016	
Signature	Emogne Fill	
select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
	Emogene Ezell	
	(Typed or printed name of person signing)	
	President /Treasurer	
	(Title of person signing)	