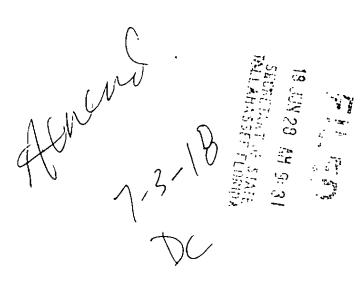
# P16000082865

Office Use Only



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### FLORIDA DEPARTMENT OF STATE **Division of Corporations**

June 29, 2018

C T CORP

Corrected. Please use the original file date if possible.
Thank you

SUBJECT: ICDAT USA INC. Ref. Number: P16000082865

We have received your document for ICDAT USA INC. and the authorization to debit your account in the amount of \$43.75. However, the document has not been filed and is being returned for the following:

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

ONLY ONE BOX SHOULD BE CHECKED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell Regulatory Specialist II Supervisor

Letter Number: 518A00013594

## CT Corp.

## 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

Da	te: 6/28/2018
	Acc#I20160000072
Name:	ICDAT USA INC.
Document #:	
Order #:	11047775
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing:  Apostille/Notarial Certification:	Country of Destination:
Certification:	Number of Certs:
Filing:	Certified: Plain: COGS:
Availability Document Examiner Updater Verifier Ref#	Amount: \$ 43.75



#### Articles of Amendment to Articles of Incorporation of

ICDAT USA INC.			
(Name of Corpor	ration as currently filed with the	Florida Dept. of State)	
16000082865			
(Do	cument Number of Corporation (i	f known)	
ursuant to the provisions of section 607.1006, Flo s Articles of Incorporation:	rida Statutes, this Florida Profit	Corporation adopts the following a	imendment(s
. If amending name, enter the new name of the	e corporation:		
		au	he new
ame must be distinguishable and contain the v Corp.," "Inc.," or Co.," or the designation "Co ord "chartered," "professional association," or c	orp," "Inc," or "Co". A profes	" or "incorporated" or the abb	reviation
Enter new principal office address, if applica Principal office address <u>MUST BE A STREET A</u>			<del></del>
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<b>BOX</b> )		
. If amending the registered agent and/or regis	stered office address in Florida.	enter the name of the	
new registered agent and/or the new register			
Name of New Revistered Agent			
	(Florida street address)		
N D : 100 111	, ,	P1 11	
New Revistered Office Address:	(City)	, Florida(Zip Coc	de)
ew Registered Agent's Signature, if changing I hereby accept the appointment as registered agen		the obligations of the position.	
	ignature of New Registered Agen	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>le</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sm	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change		_		
Add				· · · · · · · · · · · · · · · · · · ·
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				<del></del>
Remove				
4) Change		_	<del></del>	
Add				
Remove				
5) Change		_		
Add				
Remove				
δ) Change		<del>-</del>		
Add				
Remove				

CAL DISCHARGO	eets, if necessary).	(Be specific)			
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16	dementing the ame	ndment if not co	ontained in the an	sendment itself:	i ca <sub>s</sub>
provisions for imp	ble, indicate N/A)				
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If an amendment p provisions for imp (if not applicat A					

The date of each amendment(s) add	option:	, 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 blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date sartment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☑ The amendment(s) was/were adop by the shareholders was/were suff	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	
by	."	
	(voting group)	
☐ The amendment(s) was/were adopaction was not required.	oted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopt action was not required.	oted by the incorporators without shareholder action and shareholder	
Dated_June 26,	2018	
Signature		
(By a di	rector, president or other officer - if directors or officers have not been	_
	, by an incorporator - if in the hands of a receiver, trustee, or other court	
appointe	ed fiduciary by that fiduciary)	
	Adam Hoffman	
•	(Typed or printed name of person signing)	
	Secretary	
-	(Title of person signing)	<del></del>

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