## P17000 041 018

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Skanray USA, I	nc.
DOCUMENT NUMBER: P17000041988	
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this	matter to the following:
Ryan Cipparone, Esquire	
	Name of Contact Person
Cipparone & Cipparone, I	P.A.
<del></del>	Firm/ Company
1525 International Parkwa	ay. Suite 1071
	Address
Lake Mary, Fl. 32746	
	City/ State and Zip Code
. RCipparone@Cipparonepa.com	
• • • • • • • • • • • • • • • • • • • •	e used for future annual report notification)
For further information concerning this matter, pl	
Ryan Cipparone. Esquire	at (321 ) 275-5914
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	de payable to the Florida Department of State:
■ \$35 Filing Fee & Certificate of Status	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314	Street Address  Amendment Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

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to

Skanray USA, Inc.	50'0 0		
(Name of Corporation as curren	ntly filed with the Florida Dept. of State) - 2 AM 10: 2		
P17000041988			
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s		
A. If amending name, enter the new name of the corporation:			
	The new		
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the		
B. Enter new principal office address, if applicable:	78 SW 7th Street		
(Principal office address MUST BE A STREET ADDRESS )	Suite 500		
	Miami, Florida 33130		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	78 SW 7th Street		
	Suite 500		
	Miami, Florida 33130		
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre			
Name of New Registered Agent			
(Florida s	street address)		
New Registered Office Address:	, Florida		
	(Zip Code)		
New Registered Agent's Signature, if changing Registered Ager I hereby accept the appointment as registered agent. I am familian	<u>nt:</u>		
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:	. ana sai	у этин,	Sr as an Ada.	
X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	ones	
_X Add	<u>SV</u>	Sally St	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3 ) Change		_		
Add				
Remove				
4) Change		_		
Add				<u></u>
Remove				
5) Change				
Add		_		
Remove				
6) Change		_		
Add				
Remove				

Attac	h <i>additional she</i>	ets, if necessary).	icles, enter chang (Be specific)			
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f an :	amendment pro	ovides for an exch	iange, reclassifica	tion, or cancellatio	on of issued shares,	
prov	isions for imple	ementing the ame e, indicate N/4)	ndment if not con	tained in the amen	dment itself:	
(	у ногаррисан	e, marcure MA)				
				<del></del>		
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						-

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(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 dat document's effective date on the Department of State's records.	te will not 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):	nt
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	r
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
11/20/2019 Dated	
Signature	
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)	<del></del>
Jens Aabye Dam	
(Typed or printed name of person signing)	<del></del>
Director	
(Title of person signing)	