P17000078140

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A Ruther

COVER LETTER

TO: Amendment Section Division of Corporations

.

NAME OF CO	RPORA	TION: ATLANTIC SEMI	CONDUCTOR INC			
		R: P17000078140				
The enclosed A	rticles of	Amendment and fee are su	bmitted for filing.			
Please return all	l correspo	ndence concerning this ma	tter to the following:			
	LC	OVETTE DOBSON				
	-	Name of Contact Person				
	IN	INCFILE.COM LLC				
			Firm/ Company	,		
	17	350 STATE HWY 249 ST	E 220			
			Address			
	HOUSTON, TX 77064					
			City/ State and Zip Code			
	EF	EFILE1234@INCFILE.COM				
		E-mail address: (to be us	sed for future annual report	notification)		
For further info		oncerning this matter, pleas	se call:	462-3453		
Name of Contact Person			Area Co	de & Daytime Telephone Number		
Enclosed is a ch	heck for th	ne following amount made	payable to the Florida Depa	artment of State:		
S35 Filing l	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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				

Articles of Amendment

to

Articles of Incorporation

of

FILED

	NTIC SEMICONDUC	71671 124	
(Name of Corporation	as currently filed wi	th the Florida Dept. o	distanti 18
	P17000078140	SECRETARY)E a=-
(Documen	nt Number of Corporat	ion (if known)411438	E O IATE DEE, FI
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	tatutes, this Florida Pa	rofit Corporation adop	ts the following amendment(s) to
A. If amending name, enter the new name of the corp	ooration:		
			The new
name must be distinguishable and contain the word "corp" "Inc" or Co.," or the designation "Corp," "Inc," o "chartered," "professional association," or the abbrevia	or "Co". A professio	'or "incorporated" or onal corporation nam	the abbreviation "Corp.," e must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	<u>ESS</u>)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	·		
-			
D. If amending the registered agent and/or registered new registered agent and/or the new registered off		rida, enter the name	of the
Name of New Registered Agent			
	(Florida street address,)	
New Registered Office Address:		, FI	orida
	(City)		(Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I a	ered Agent: m familiar with and ac	ecept the obligations of	the position.
Signatu	re of New Registered A	Agent if changing	
_	ie oj men negisierea z	isem, g enunging	
Check if applicable			

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

X Change	<u>PT</u> <u>Jo</u>	ohn Doe	
X Remove	<u>v</u> <u>M</u>	fike Jones	
X Add	<u>sv</u> <u>s</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	PSTD	WILLIAM BROWN	1190 N MARIPOSA AVE
Add			LOS ANGELES, CA 90029
X Remove			
2) Change	PSTD	ADRIAN BARTOL	SEESTRASSE 103 8820
X Add			WADENSWIL SWITZERLAND
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
<i>δ</i>) Change			
Add			
Remove			

ttach additional sheets, if necess	al Articles, enter characters (Be specific)			
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an amendment provides for an	n exchange, reclassif	ication, or cancell	ation of issued sha	res,
rovisions for implementing the (if not applicable, indicate N	<u>e amendment it not :</u> 7A)	contained in the a	mendment itself:	
	 -	· · · · · · · · · · · · · · · · · · ·		
-				
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The date of each amendment(s) addate this document was signed.	loption:	, if other than the
5		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment f	ile date)
Note: If the date inserted in this be document's effective date on the De	lock does not meet the applicable statutory filing requ partment of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without	shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for fficient for approval.	the amendment(s)
	roved by the shareholders through voting groups. The each voting group entitled to vote separately on the am	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		•
	(voting group)	
FEBRUAR Dated	Y 21, 2021	
Signature	adrian Bortol	
selected	rector, president or other officer – if directors or officer, by an incorporator – if in the hands of a receiver, trusted fiduciary by that fiduciary)	
	ADRIAN BARTOL	
	(Typed or printed name of person signing)	
	Director, President, Treasurer, Secretary	
	(Title of person signing)	