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I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION:	ration Services, Inc.	
DOCUMENT NUM	BER:		
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	RIMVYDAS JUSKA		
		Name of Contact Person	·
	Instrument Calibration Ser	vices. Inc.	
		Firm/ Company	
		Address	
	Tarpon Springs, FL 34689	€	
		City/ State and Zip Code	· · · · · · · · · · · · · · · · · · ·
rimv	ydas67@gmail.com		
		sed for future annual report:	notification)
For further information	on concerning this matter, pleas	630	968-8000
Name of Contact Person		at (Area Coc	_)
	or the following amount made		,
S35 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Amend Divisio Clifton	Address ment Section n of Corporations Building
Tallahassee, FL 32314		2661 Executive Center Circle Tallahassee, FL 32301	

Articles of Amendment Articles of Incorporation of

Instrument Calibration Services, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

Instrument Calibration Service	s, Inc.			
	(Document Number of Corp	poration (if known)		
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	6. Florida Statutes, this <i>Flori</i> d	da Profit Corporation add	opts the fol	llowing amendn
A. If amending name, enter the new name	of the corporation:			
n/a				The ne
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designatio word "chartered." "professional association	n "Corp." "Inc," or "Co".	A professional corporat	ated" or ion name	the abbreviatio
B. Enter new principal office address, if a	oplicable:	n/a		
(Principal office address MUST BE A STRI				٠, ٦
	_			
				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		n/a		·
				
	_			1.5
D. If amending the registered agent and/or		n Florida, enter the name	e of the	
new registered agent and/or the new re				
Name of New Registered Agent	ELENA V. KLEIN			
40	347 US Hwy. 19 N. (134),	Tarpon Springs, FL 340	389	
_	(Florida street ad	dress)		
New Registered Office Address:	n/a		Fiorida	n/a
Sew Registered Office Address.	(City)		7 101 IU&	(Zip Code)
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New Registered Agent's Signature, if chan I hereby accept the appointment as registered		and a second the subdivine		
i nereoy accept the appointment as registered	i agent i am jaminar with d	на ассері іне onugations	oj ine posi	шоп.
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	Eleme N. X	lun		
	Signature of New Registe	ered 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.

X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) X Change	P	ELENA V. KLEIN	40347 US Hwy. 19 N. (134)
Add			Tarpon Springs, FL 34689
Remove			
2) Change		RIMVYDAS JUSKA	40347 US Hwy. 19 N. (134)
X Add			Tarpon Springs, FL 34689
Remove			
3) Change	P ———	GREGORY KLEIN	1216 Jasmine Lake Dr.
Add			Tarpon Springs, FL 34689
Remove			
4) Change		n/a	
Ada			
Remove			
5) Change		n/a	
Add			
Remove			
6) Change		n/a	
Add			
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<u>rovisions for imp</u>	rovides for an exc dementing the am ble, indicate N/A)	change, reclass tendment if not	sification, or o	cancellation on the amendn	of issued shar nent itself:	es,	
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	date of signing	
The date of each amendme date this document was signed		if other than the
-	date of filing	
Effective date if applicable	:	
	n this block does not meet the applicable statutory filing requirements, the Department of State's records.	this date will not be listed as the
Adoption of Amendment(s	(CHECK ONE)	
	were adopted by the shareholders. The number of votes cast for the ameni- were sufficient for approval.	iment(s)
	ere approved by the shareholders through voting groups. The following ded for each voting group entitled to vote separately on the amendments.	
	es cast for the amendment(s) was/were sufficient for approval	
by n/a	(voting group)	
i	(voting group)	
☐ The amendment(s) was/w action was not required.	ere adopted by the board of directors without shareholder action and sha	reholder
☐ The amendment(s) was/w action was not required.	rere adopted by the incorporators without shareholder action and shareho	lder
Dated	n/a 09.10.2019	
Signature	Elone N. Xlein	
	(By a director, president or other officer – if directors or officers have no selected, by an incorporator – if in the hands of a receiver, trustee, or oth appointed fiduciary by that fiduciary)	
	ELENA V. KLEIN	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	