P18 0000 41890

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: 1-brain F	lobotics, Inc.		
DOCUMENT NUMBER: P18000041	890		
The enclosed Articles of Amendment and for	ee are submitted for filing.		
Please return all correspondence concerning	this matter to the following:		
	Santosh S. Katekari		
	Name of Contact Person		
	Firm/ Company		
121 S. Park Ave			
	Address		
	Titusville, FL 32796 City/ State and Zip Code		
	City/ State and Zip/Code		
E-mail address:	md@ibrainrobotics.net (to be used for future annual report notification)		
	and tot latare diman report notification)		
For further information concerning this matt	cr, please call:		
Santosh S. Katekari	at (<u>352</u>) <u>804-6054</u>		
Name of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount	t made payable to the Florida Department of State:		
S35 Filing Fee S43.75 Filing Certificate of S			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	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

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<u></u>	orain Robotics, Inc.
(Name of Corporation:	is currently filed with the Florida Dept. of State 6 AH 8: 03
	P18000041890 SECRETARY OF STATE
(Document	Number of Corporation (if known) TALLAHASSEE, FL
ursuant to the provisions of section 607,1006, Florida Sta s Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendmen
. If amending name, enter the new name of the corpo	ration:
	The new
ame must be distinguishable and contain the word "corpo Inc.," or Co.," or the designation "Corp," "Inc," or chartered," "professional association," or the abbreviat	ration," "company," or "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name must contain the word ion "P.A."
Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRE</u>	121 S. Park Ave
The part office dadress SUST BE A STREET ADDRE	Titusville, FL 32796
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	121 S. Park Ave
(Mailing address MAY BE A POST OFFICE BOX)	
	Titusville, FL 32796
	
. If amending the registered agent and/or registered of new registered agent and/or the new registered office.	ffice address in Florida, enter the name of the e address:
Name of New Registered Agent	
Name of New Registered Agent	\ve
Name of New Registered Agent 121 S. Park A	Ave
Name of New Registered Agent 121 S. Park A	

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)

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	V	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
i) X Change	Р	Santosh S. Katekari	121 S. Park Ave
Add			Titusville, FL 32796
Remove		•	
2) X Change	V	Shubhada S. Katekari	121 S. Park Ave
Add			Titusville, FL 32796
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)	
-		
 -		
<u>-</u>	<u> </u>	
-		
an amandment manifes for an arrive	1 10 m	
rovisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
The diffe	adment it not contained in the amendment user:	
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
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(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		

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The date of each amendment(s) ac	loption:	, if other than th
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 b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this partment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ade action was not required.	pted by the incorporators, or board of directors without shareholder a	ction and shareholder
■ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendme fficient for approval.	rnt(s)
must be separately provided for	roved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ement
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
Dated	06/22/2021	
Signature	Kater	
	rector, president or other officer – if directors or officers have not bee	
	 I. by an incorporator if in the hands of a receiver, trustee, or other coefficiency by that fiduciary) 	ourt
	Santosh S. Katekari	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

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