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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: Sempul Inc		
	BER: P22000008898		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	Ethan McBride		
		Name of Contact Persor	1
	Sempul Inc		
		Firm/ Company	
	5503 Entertainment Way		
		Address	
	Fort Pierce, FL, 34947		
		City/ State and Zip Code	2
	info@tet-si.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
Ava McBride		772	577-8551
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	or the following amount made	payable to the Florida Depa	irtiment of State:
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)
Am Djv P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee 8. Monroe Street, Suite 810 ssee, FL 32303

## Articles of Amendment to Articles of Incorporation of

	of		
Sempul Inc			
( <u>Name o</u>	f Corporation as currently	filed with the Florida Dept. of State)	
P22000008898			
	(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this FI	orida Profit Corporation adopts the following	ng amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
Sempul Holdings Inc.			The new
	orp," "Inc," or "Co". A j	mpany," or "incorporated" or the abbreviati professional corporation name must conta	on "Corp.,"
B. Enter new principal office address, i (Principal office address MUST BE A ST			
C. Enter new mailing address, if applie (Mailing address MAY BE A POST O	OFFICE BOX)  I/or registered office addre	ss in Florida, enter the name of the	
new registered agent and/or the new	<del>-</del>		
Name of New Registered Agent	Thomas Anderson		_
	531 S US 1, A-2		
	(Florida strve	t address)	_
New Registered Office Address:	Fort Pierce	, Florida	
	(0	Tity) (Zip	Code)
New Registered Agent's Signature, if ch I hereby accept the appointment as registe	red agent. I am familiar cit	th and accept the obligations of the position.  How we have a second to the position of the position.  The second to the position of the position of the position.	AND JUL 11 AM

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>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	V	Ava L McBride	5503 Enterment Way
Add			Fort Pierce, FL, 34947
A Remove  2) Change	<u>v</u>	Thomas Anderson	531 S US 1, A-2
X Add			Fort Pierce, FL, 34950
Remove 3 ) Change			
Add			
Remove 4) Change			
Add			
Remove			·
5) Change Add		_	
Aud			
6) Change			
Add			
Remove			

(Attacl	ending or adding additional a h additional sheets, if necessar	y). (Be specific)	<u>Ast ner e</u> .		
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If an a	amendment provides for an o	wehango roduccifica	tion or cancellation o	ficenod charge	
prov	isions for implementing the a	i <mark>mendment if not c</mark> or	tained in the amendn	nent itself:	
	(if not applicable, indicate N/A	)			
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	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)	
<b>Note:</b> If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, thi Department of State's records.	s date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder	action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendm sufficient for approval.	ent(s)
	pproved by the shareholders through voting groups. The following stator each voting group entitled to vote separately on the amendment(s):	tement
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
bv		
,	(voting group)	
6/27/202 Dated		
selec	director, president or other officer - if directors or officers have not be ted, by an incorporator - if in the hands of a receiver, trustee, or other inted fiduciary by that fiduciary)	
	Ava L McBride	
	(Typed or printed name of person signing)	
	VP	
	(Title of person signing)	

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