

P25746

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

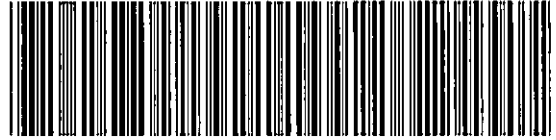
(Business Entity Name)

(Document Number)

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Division of State  
TALLAHASSEE, FLORIDA



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Date: **February 22, 2022**

Account#: 1200000000088

Name: **KEN**

Reference #: **1569918**

Entity Name: **PDS DEFENSE, INC.**

☐ Articles of Incorporation/Authorization to Transact Business

☒ **Amendment**

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other **\*\* Please retain original file date of 2/21/2022 \*\***

**ISSUES? CALL  
KEN:  
518-213-0738**

Authorized Amount: **\$35.00**

Signature: 

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PDS TECH, INC.  
Name of Corporation

**DOCUMENT NUMBER:** P29746

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Foley

Name of Contact Person

PDS DEFENSE, INC.

Firm/Company

300 E. JOHN CARPENTER FREEWAY, STE. 700

Address

IRVING, TX 75062

City/State and Zip Code

MFOLEY@PDSTECH.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Foley

Name of Contact Person

at ( 214 )

734-8900

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:



\$35.00 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  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO**  
**APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

P29746

(Document number of corporation (if known))

1. PDS TECH, INC.  
(Name of corporation as it appears on the records of the Department of State)

2. WASHINGTON 3. 6/12/1990  
(Incorporated under laws of) (Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 7/1/1977

5. PDS DEFENSE, INC.  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

PDS TECH DEFENSE, INC.  
(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

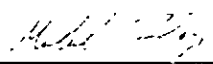
6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

  
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

MICHAEL FOLEY

(Typed or printed name of person signing)

SECRETARY

(Title of person signing)

2022 FEB 21 AM 8:27



Office of the Secretary of State  
Corporations & Charities Division

<u>Physical/Overnight address</u>	<u>Mailing Address</u>
801 Capitol Way S Olympia, WA 98501-1226 Tel: 360.725.0377	PO Box 40234 Olympia, WA 98504-0234 www.sos.wa.gov/corps

FILED

Secretary of State  
State of Washington  
Date Filed: 02/04/2022  
Effective Date: 02/04/2022  
UBI No: 600 239 524

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- ☐ Filing Fee \$30  
☒ To Expedite Filing, Add \$50

## ARTICLES OF AMENDMENT PROFIT CORPORATION RCW 23B.10

All fields required unless otherwise specified

(1) UBI No.: 600 239 524

(2) NAME OF PROFIT CORPORATION: (as currently recorded with the Office of the Secretary of State)  
PDS Tech, Inc.

(3) BUSINESS TYPE:

Are you changing your business type? (Check one) ☐ Yes ☒ No

If Yes, select the change being made:

- ☐ WA PROFESSIONAL SERVICE CORPORATION ☐ WA PUBLIC UTILITY CORPORATION  
☐ WA SOCIAL PURPOSE CORPORATION

(4) BUSINESS NAME CHANGE: Are you changing your business name? (Check one) ☒ Yes ☐ No

New Name: PDS Defense, Inc.

If designation is not provided, it will default to INC

Does the business have a name reserved? (Check one) ☐ Yes ☒ No

If Yes, provide the Name Reservation Number and Name

Reservation Number: \_\_\_\_\_

Reserved Name: \_\_\_\_\_

(5) CORPORATE SHARES: Are you changing your business's authorized shares? (Check one) ☐ Yes ☒ No

New number of authorized shares: \_\_\_\_\_ Class of shares: ☐ Common Stock ☐ Preferred Stock

If preferred is checked, a further description will be needed prior to issuance of shares

Please refer to RCW 23B.06.010 and RCW 23B.06.020

(6) Has your registered agent changed? (Check one) ☐ YES ☒ NO If Yes, complete page 2

**NEW REGISTERED AGENT:****COMMERCIAL REGISTERED AGENT**

A Commercial Registered Agent is a business or individual that is registered with the Office of the Secretary of State to receive legal documents on behalf of a corporation. A Commercial Registered Agent address has been registered with our office.

Is the Registered Agent a Commercial Registered Agent? (Check one) ☐ Yes ☐ No

If Yes, provide the name of the Commercial Registered Agent: \_\_\_\_\_

The Commercial Registered Agent must sign the consent to serve below.

If No, continue below

**NON-COMMERCIAL REGISTERED AGENT**

Please complete ONE type of Registered Agent below and provide the name in the selected box. Then continue to provide the required street address. Mailing address is optional.

<input type="checkbox"/> Individual: _____	Provide the first and last name of the individual serving as the Registered Agent. (Any person not registered as a Commercial Registered Agent.)
<input type="checkbox"/> Business: _____	Provide the name of the business serving as the Registered Agent. (Any business not registered as a Commercial Registered Agent.)
<input type="checkbox"/> Office or Position: _____	<u>Do not</u> list a business or individual's name. Provide the office or position that serves as the Registered Agent. (Examples: President, Secretary, Treasurer, or Member)
Phone: _____	Email: _____
<b>Registered Agent Street Address (required)</b> (Must be a physical address; No PO Box or PMB) Country: <u>United States</u> State: <u>Washington</u> Address : _____ Zip: _____ City: _____	<b>Registered Agent Mailing Address (optional)</b> <input type="checkbox"/> Check if mailing address is the same as street address Country: <u>United States</u> State: <u>Washington</u> Address : _____ Zip: _____ City: _____

**CONSENT TO SERVE AS REGISTERED AGENT - REQUIRED FOR ALL TYPES**

I hereby consent to serve as Registered Agent in the State of Washington for the named business. I understand it will be my responsibility to accept service of process, notices, and demands on behalf of the business; to forward mail to the business; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.

Signature of Registered Agent	Printed Name/Title	Date
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(7) DURATION: Required only if changed Check ONE of the following

☐ This Company shall have a perpetual duration ☐ This Company shall have a duration of \_\_\_\_\_ years.

☐ This Company shall expire on \_\_\_\_\_

(8) GOVERNOR(S): Required only if changed

List at least one. Attach additional pages if necessary. NOTE: A business cannot serve as its own Governor.

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

(9) ADOPTION OF ARTICLES OF AMENDMENT:

This Amendment was duly adopted by the following method (Check one)

☐ By a sufficient vote of shareholders in accordance with the provisions of RCW 23B.10.030 and 23B.10.040

☐ By the board of directors. Shareholder approval is not required.

☐ By the incorporators prior to the issuance of shares. Shareholder approval is not required.

(10) EFFECTIVE DATE OF THIS FILING: Check ONE of the following

☐ Date of filing ☒ Specify a Date 01/01/2022 (cannot be more than 90 days following received date)

(11) DATE OF ADOPTION: When was this Amendment adopted? (Check one)

☐ Date of filing ☒ Specify a date: 12/06/2021

(12) RETURN ADDRESS FOR THIS FILING: (Optional)

If provided, the confirmation regarding this specific filing will be sent to the address below, in addition to the Registered Agent's address.

Attention to: Michael Foley Email: mfoley@pdstech.com

Address: 300 E. John Carpenter Freeway, Suite 700

City: Irving State: TX Zip: 75062

(13) POSTAL MAIL OPT-IN: By checking the box the business and Registered Agent will not receive email notifications

☐ The business wants to receive all notifications to the Registered Agent by postal mail

(14) AUTHORIZED PERSON:

I hereby certify, under penalty of law, that the above information is accurate and complies with the filing requirements of state law.

  
Signature of Authorized Person

Michael Foley/Secretary  
Printed Name/Title

01/03/2022  
Date

I, Steve R. Hobbs, Secretary of State of the State of Washington and custodian of its seal, hereby certify the foregoing is a true and accurate copy of the record on file in this office.

FEB 04 2022

SH

Given under my hand and the Seal of the State of Washington in Olympia, the State Capital.

Total Pages: 3 *H. R. Hobbs* 