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COVER LETTER

TO: Amendment Section Division of Corporations				
NAME OF CORPORATION: Control Systems Research, Inc.				
DOCUMENT NUMBER: <u>P94000084381</u>				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Robert Schmidt Name of Contact Person				
Control Systems Research, Inc.				
Po Box 115 Address				
Valparaiso, FL 32580 City/ State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Rame of Contact Person at (850) 1078-7015 Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
□ \$35 Filing Fee				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301				

Articles of Amendment Articles of Incorporation of Control Systems Research, Inc.

(Name of Corporation as current	ly filed with t	he Florida Dept.	of State)			
P94000	X784	381				
(Document Number	er of Corporati	on (if known)				
Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation:	Florida Statut	es, this <i>Florida F</i>	Profit Corporatio	n adopts	the fo	ollowing
A. If amending name, enter the new name of the	ne corporation	<u>n:</u>				
NIA					The ne	w
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the dename must contain the word "chartered," "profes	esignation "Ĉe	orp," "Inc," or "(Co". A professi	porated" onal corp	or the	ie n
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET.		NIA				
				ESHA NO		
		· · ·		- Territoria	90	
C. Enter new mailing address, if applicable:		N/O		134	1	-accram
(Mailing address <u>MAY BE A POST OFFICE</u>	<u>(BOX</u>)	1017		- 194 PF	=	. .
					عد وي	
					ت	
D. <u>If amending the registered agent and/or reg</u> new registered agent and/or the new registe			la, enter the nan	<u>ne of the</u>		
		11 (55)				
Name of New Registered Agent:	NIH					
New Registered Office Address:	(Florid	da street address)				
			. Florida			
_	(City)		(Zip Code)			
New Registered Agent's Signature, if changing	Registered Ac	vent:				
I hereby accept the appointment as registered age			pt the obligations	s of the po	osition.	,
Sigr	nature of New	Registered 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)

<u> Title</u>	<u>Name</u>	Address	Type of Action
<u>V</u> _	Robert D. Schmicht	833 Kell-Aire Dr. Destinift 35641	Add Remove
TREA	Robert D. Schmidt	833 Nell-Arre Dr. Destin, FL 32641	. ☑ Add □ Remove
TREA	Donna Fawler	Crestview, FL 32536	. ☐ Add ☑ Remove
E. <u>If amen</u>	tional race attach ding or adding additional Articles, ente dditional sheets, if necessary). (Be spec	er change(s) here:	
NIF	+		
		·	
provision (if n	nendment provides for an exchange, re ons for implementing the amendment it ot applicable, indicate N/A)		
	<u> </u>		
			<u>.</u>

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u> </u>	Jason Fawler	3045 Red Pern Rd Continement, F1 36	⊠ Add >533 □ Remove
			Add Remove
	adding or adding additional Articles, ending or adding additional Articles, enditional sheets, if necessary). (Be see the control of the cont		
	-		
	· · · · · · · · · · · · · · · · · · ·		
provis	mendment provides for an exchange ions for implementing the amendment applicable, indicate N/A)		
			<u>.</u>
			

The date of each amendment	(s) adoption: $\sqrt{-5-1}$
F100	(date of adoption is required)
Effective date if applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s'ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement of the following statement of the following group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amendment(s) was/were sufficient for approval
by	"
	(voting group)
The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated	9-30-10
sele	A parector, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	Vice-President (Title of person signing)