P96000055142

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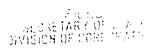
COVER LETTER *

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: LEX SYSTEMS (USA) INC.				
DOCUMENT NUME	BER: P96000055142					
	of Amendment and fee are su	bmitted for filing.				
Please return all corres	spondence concerning this ma	tter to the following	ng:			
	ROBERT B. THOMSON					
	Name of Contact Person					
	LEX SYSTEMS (USA) INC.					
	Firm/ Company					
	POST OFFICE BOX 10463					
	Address					
	TAMPA, FL 33679-0463					
		City/ State and	Zip Code	e		
rober	t.thomson@lexsystems.com					
	E-mail address: (to be us	sed for future annu	ial report	notification)		
For further information	n concerning this matter, pleas	se call:				
OWEN RICE		81 at (3	831-0789		
Name o	of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a check for	r the following amount made	payable to the Flor	rida Depa	artment of State:		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Certified Cop (Additional co enclosed)	У	□\$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

Articles of Amendment to Articles of Incorporation of



LEX SYSTEMS (USA) iNC. 2016 OFC 19 AM 9: 54 (Name of Corporation as currently filed with the Florida Dept. of State) P96000055142 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: ROBERT B. THOMSON Name of New Registered Agent (Florida street address) , Florida 33629 (Zip Code) 2902 SPANISH CIRCLE UNIT 207 TAMPA New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

RODERTB. Thousand

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.

Example: X Change	<u>PT</u>	John Doe		
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>	<u>Addres</u> s	
1) Change	Р	OWEN RICE	3009 W. BARCELONA	
Add Remove			TAMPA, FL 33629	
2) Change	P	ROBERT B. THOMSON	3009 W. BARCELONA	
X Add			TAMPA, FL 33629	
Remove 3) Change	D	OWEN RICE	3009 W. BARCELONA	
Add			TAMPA FL 33629	
X Remove				
4) Change	D	ROBERT B. THOMSON	3009 W. BARCELONA	
X Add			TAMPA FL 33629	
Remove			-	
5) Change		_	_	
Add				
Remove				
6) Change				
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)
N/A
*
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
N/A

The date of each amendment		, if other than the
date this document was signed		Cations.
Effective date if applicable:	DECEMBER 15, 2016	SEUSETARY 10 YMAE - TARE HOO OF BOILDE
	(no more than 90 days after amendm	
		2016 DEC 19 AM 9: 54
	this block does not meet the applicable statutory filing he Department of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes casere sufficient for approval.	st for the amendment(s)
	re approved by the shareholders through voting groups. ed for each voting group entitled to vote separately on the	
"The number of votes	s cast for the amendment(s) was/were sufficient for appro	oval
by		,,,
, <u> </u>	(voting group)	<u>—</u> .
action was not required. The amendment(s) was/wer	re adopted by the board of directors without shareholder re adopted by the incorporators without shareholder action	
action was not required.		
DECE Dated	EMBER 15, 2016	
Signature		
se	by a director, president or other officer – if directors or o elected, by an incorporator – if in the hands of a receiver, epointed fiduciary by that fiduciary)	
	ROBERT B. THOMSON	
	(Typed or printed name of person signif	ng)
	PRESIDENT AND DIRECTOR	
	(Title of person signing)	