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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: SLICK ENGINEE	RING, INC.		
DOCUMENT NUMI	P96000076281			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	Nathan (Nate) Albano			
		Name of Contact Person		
	SLICK ENGINEERING, IN	IC.		
		Firm/ Company		
	26988 SE HWY 19 UNIT	47		
		Address		
	OLD TOWN, FLORIDA, 32	2680		
		City/ State and Zip Code		
SUP	ERCHARGER@EXCITE.C	ОМ	. /	
	E-mail address: (to be u	sed for future annual report	notification)	
For further informatio	n concerning this matter, pleas	se call:		
Nathan (Nate) Albano		352 at (542-0147	
Name	of Contact Person	Area Coo	le & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	rtment of State:	
☐ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	iling Address		Address	
	endment Section ision of Corporations	Amendment Section Division of Corporations		
	. Box 6327		Building	
Tall	ahassee, FL 32314		xecutive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

to

SLICK ENGINEERING, INC.		
(Name	of Corporation as currently filed with the F	lorida Dept. of State)
P96000076281		
	(Document Number of Corporation (if k	nown)
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this Florida Profit Co.	rporation adopts the following amendment(s
A. If amending name, enter the new na	ame of the corporation:	
		The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	tain the word "corporation," "company," attion "Corp," "Inc," or "Co". A profession "P.A."	or "incorporated" or the abbreviation
B. Enter new principal office address,		
(Principal office address MUST BE A S	TREET ADDRESS)	9
		ਜ਼ਿਲ੍ਹੇ ਜ਼ਿਲ੍ਹੇ
C. Enter new mailing address, if appl	icable:	70 T
(Mailing address MAY BE A POST		
		T 3 0
		
		<u> </u>
D. If amending the registered agent as	nd/or registered office address in Florida, er	ater the name of the
new registered agent and/or the ne		
Name of New Registered Agent	NATHAN (NATE) ALBANO	
(Manual State of the State of t	26988 SE HWY 19, UNIT 47	
	(Florida street address)	
New Registered Office Address:	OLD TOWN	Storida 32680
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if o	hanging Registered Agent:	
I hereby accept the appointment as regis	tered agent. I fim fumiliar with and accept th	k obligations of the position.
	Ahr alle	
//	Signature of New Registered Agent, i	f 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)

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 Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Salty Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	PTS	CHARLES E. JUDY	26988 SE HWY 19 UNIT 47
Add			OLD TOWN , FLORIDA
X Remove			32680
2) Change	PTS	NATHAN (NATE) ALBANO	26988 SE HWY 19 UNIT 47
X Add			OLD TOWN , FLORIDA
Remove			32680
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			
TOTAL C			

amending or adding addition tach additional sheets, if necessity					
					
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an amendment provides for provisions for implementing (if not applicable, indicate	the amendment if n				
			<u> </u>		
					
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SEPTEMBER 17TH 2018	
The date of each amendment(s) adoption:	_, if other than the
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 block does not meet the applicable statutory filing requirements, this date will r document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
by" (voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) (Typed or printed name of person signing)	_
NATHAN (NATE) ALBANO, PRESIDENT	
(Title of person signing)	