# P96000 104255

(Re	equestor's Name)		
(Ad	ldress)		
(Ad	(dress)		
(Cit	ty/State/Zip/Phone	e #)	
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# **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	AUTOMATOR AMERICA INC.					
DOCUMENT NUMBER:	P96000104255					
The enclosed Articles of Amendme	ent and fee are submitted for filing.					
Please return all correspondence co	ncerning this matter to the following:					
	BRIAN C. WATTS					
<del></del>	Name of Contact Person					
	AUTOMATOR AMERICA INC.					
Firm/ Company						
	475 DOUGLAS AVE., SUITE B					
	Address					
	CHILLICOTHE, OHIO 45601					
	City/ State and Zip Code					
	watts@automator.com					
E-mail	address: (to be used for future annual report notification)					
For further information concerning BRIAN C. WATTS	this matter, please call:  740 983-0157					
Name of Contact Pe						
Enclosed is a check for the following	ng amount made payable to the Florida Department of State:					
	75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)					
Mailing Address Amendment Sect Division of Corpe P.O. Box 6327 Tallahassee, FL 3	ion Amendment Section orations Division of Corporations The Centre of Tallahassee					

PICE DARY OF STATE STATE PARTICIPATE TARE TARES OF STATE

### Articles of Amendment to Articles of Incorporation of

#### AUTOMATOR AMERICA INC

	AUTOMATOR AME	RICA INC.	
(Name of	Corporation as currently	filed with the Florida Dept. of State)	
	P96000104255		
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.19 its Articles of Incorporation:	006, Florida Statutes, this I	Florida Profit Corporation adopts the follo	wing amendment(s) to
A. If amending name, enter the new nar	ne of the corporation:		
AUTOMATOR	MARKING SYSTEMS IN	PC.	The new
name must be distinguishable and contain t "Inc.," or Co.," or the designation "Co "chartered," "professional association," o	rp," "Inc," or "Co". A	ompany," or "incorporated" or the abbrev professional corporation name must con	iation "Corp.,"
B. Enter new principal office address, if (Principal office address MUST BE A ST		N/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	CRE IAR IOH CE APR +6
			S SALE
D. If amending the registered agent and new registered agent and/or the new			F Su IAIE
Name of New Registered Agent	BRIAN C. WATTS		21
	10076 HEATHER IAKI	E COURT W	
-	(Florida stre	eet address)	
New Registered Office Address:	JACKSONVILLE	. Florida 32	256
New Registered Office Address.	(		Zip Code)
New Registered Agent's Signature, if ch. I hereby accept the appointment as register		ith and accept the obligations of the positi	on.
Bon	_0.		
	Signature of New Re	gistered Agent, if changing	

# 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 Doe			
X Remove	<u>v</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s		
1) Change	Р	GREG MCDANIEL	101B BUSINESS PLACE		
Add			ASHVILLE, OH 43103		
Remove 2) Change	D	BRIAN C. WATTS	475 DOUGLAS AVE. SUITE B		
X Add			CHILLICOTHE, OH 45601		
Remove Change					
Add					
Remove 4) Change			<del>-</del>		
Add	-				
Remove					
5) Change					
Add			<del></del>		
Remove					
6) Change		_			
Add					
Remove			_		

raacii iaaiiiiomai sneeis, ij	lditional Artic f necessary).	(Be specific)				
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<u>If an amendment provide</u>	es for an excha	ange, reclassif	ication, or can	<u>cellation of issi</u>	ued shares,	
provisions for implement (if not applicable, ind	iting the amen dicate N/A)	idment if not c	contained in th	<u>e amendment</u>	<u>itself:</u>	
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The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amend	(1,1,1)
	(no more than 90 days after amena	ment file date)
<b>Note:</b> If the date inserted in this bl document's effective date on the De		g requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	oted by the incorporators, or board of directors v	vithout shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	oted by the shareholders. The number of votes of ficient for approval.	east for the amendment(s)
	roved by the shareholders through voting groups each voting group entitled to vote separately on	
"The number of votes cast	or the amendment(s) was/were sufficient for ap	proval
by	N/ Δ (voting group)	"
•	(voting group)	<del></del> -
Dated	1/02/2020 Bricine	
(By a dr selected	ector, president or other officer – if directors or , by an incorporator – if in the hands of a received fiduciary by that fiduciary)	officers have not been
	BRIAN C, WATTS	
•	(Typed or printed name of person sig	ning)
	DIRECTOR OF OPERATIONS	
-	(Title of person signing)	