P98000052507

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SECRETARY OF STATE

Amend

OCT 1 5 2012

T. LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ALL-TECH		NSACOLA, INC.
DOCUMENT NUMBER: P9800005250	17	
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
SUZZAN A JONE	ES	
-	Name of Contact Person	1
ALL-TECH SYST	EMS, PENSAC	OLA, INC.
	Firm/ Company	
3355-3 COPTER	ROAD	
	Address	
PENSACOLA FL	32514	
	City/ State and Zip Cod	e
E-mail address; (to be us	sed for future annual report	notification)
`	•	,
For further information concerning this matter, pleas	se call:	
SUZZAN A JONES	at (850	, 232-8829
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee \$\text{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	Ameno Divisio Cliftor 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment **Articles of Incorporation**

FILED

of	WIND THE WILL ST
ALL-TECH SYSTEMS, PENSACOLA, INC.	SECRETARY OF STATE
(Name of Corporation as currently filed with the Florida Dept. of State)	TALLAHASSEE, FLORIDA
P98000052507	
(Document Number of Corporation (if known)	
ursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> s Articles of Incorporation:	adopts the following amendment(s)
. If amending name, enter the new name of the corporation:	
	The new
ame must be distinguishable and contain the word "corporation," "company," or "incor Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corpo Pord "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
If amending the registered agent and/or registered office address in Florida, enter the n new registered agent and/or the new registered office address: Name of New Registered Agent	ame of the
Name of New Registered Agent	_
(Florida street address)	
N. B. J. John J. J.	1_
New Registered Office Address:, Florid	ia(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligation.	one of the position
nereoy accept the appointment as registered agent. I am juntitial with and accept the obligation	ons of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Director's, 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 <math>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>y</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	PS	MICHAEL JONES	3355-3 COPTER ROAD
X Add			
Remove			PENSACOLA FL 32514
2) Change	<u>T</u>	KELLIE SPANN	3355-3 COPTER ROAD
X			
Remove			PENSACOLA FL 32514
3) X Change	DV	SUZZAN A JONES	3355-3 COPTER ROAD
Add			
Remove			PENSACOLA FL 32514
4) Change			
Add			
Remove			
5) Change	<u> </u>		
Add			
Remove			
6) Change			
Add			
Remove			

. If amending or adding additional Articles, enter change(s) here:		
(Attach additional sheets, if necessary). (Be specific)		
· · · · · · · · · · · · · · · · · · ·		
an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	numerit if not contained in the amendment resert.	
(§ 		

The date of each amendment(s) ad	option: SEPTEMBER 18, 2012
Effective date if applicable:	(no more than 90 days after amendment file date)
	(no more man 20 days after amenament file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were ado by the shareholders was/were sur	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast i	for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder
Dated 10/8	3/12
Signature	issari) Osnes
	rector, president or other officer - if directors or officers have not been
	i, by an incorporator – if in the hands of a receiver, trustee, or other court
appoint	ed fiduciary by that fiduciary)
	SUZZAN A JONES
•	(Typed or printed name of person signing)
	DIRECTOR
•	(Title of nerson signing)

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