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LLAHASSEE, FI ORIGA

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	FLATITION	GEOTECHNIUL	Drilling Service
DOCUMENT NUMBER: _ P 9			
The enclosed Articles of Amendment	and fee are submitted for	filing.	
Please return all correspondence conc	erning this matter to the fo	llowing:	
<i>V</i> .	ASII'OS D K Name of Contact Pers	APSOS son	
FLATT	Firm/ Company	HAILAL Dr. //ing	sem <i>te</i>
ρο	Nox 159 Address	······	
020	NA F/ 3 City/ State and Zip Co	4660 ode	
Zen 7/2 E-mail address	3 6 17 Heo s: (to be used for future annual r	Com eport notification)	
For further information concerning the VASIIIOS D. VAR. Name of Contact Person		7) 492 - 600 Code & Daytime Telephone Numbe	2
Enclosed is a check for the following	amount made payable to the	he Florida Department of Stat	te:
\$35 Filing Fee \$43.75 Filing Fee Certificate of S	Status Certified C	Copy Certificate Copy is enclosed) Certified	e of Status
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Clifton Bui 2661 Execu	t Section Corporations	• ;

Articles of Amendment to

Articles of Incorporation

FLATIRON Dryh	ECHNICH DUIL	inle Contra -	
FLATIRON Druh	me source	sovice m	
(Name of Corporation as curr		a Dept. of State)	
<u> </u>	0063924		
(Document Nur	nber of Corporation (if known	wn)	
ursuant to the provisions of section 607.100 mendment(s) to its Articles of Incorporation:	6, Florida Statutes, this Fl	orida Profit Corporation adop	ots the following
. If amending name, enter the new name o	f the corporation:		
FLATIRON DRILLI	HG IHC.		The new
ame must be distinguishable and contain bbreviation "Corp.," "Inc.," or Co.," or the ame must contain the word "chartered," "pro	e designation "Corp," "Inc	," or "Co". A professional co	
. Enter new principal office address, if app Principal office address <u>MUST BE A STREE</u>			-
			
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI			_
			_
. If amending the registered agent and/or	registered office address i	n Florida, enter the name of t	– he
new registered agent and/or the new regi			
Name of New Registered Agent:			
Nume of New Negistered Figure.			
New Registered Office Address:	(Florida street o	nddress)	
		, Florida	
	(City)	, Florida (Zip Code)	
ew Registered Agent's Signature, if changi	ing Registered Agent:		
hereby accept the appointment as registered	agent. I am familiar with a	and accept the obligations of the	e position.
-	C'	d do not if about in	
·	Signature of New Registered	a Ageni, ij changing	

09 OCT -2 PM 2:4:
SECRETARY OF STATE
ALLAHASSEE, FLORIN

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) **Type of Action** <u>Title</u> <u>Name</u> Address ☐ Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) 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)

The date of each amendment(s)	adoption:/3/1/99
·	(date of adoption is required)
Effective date <u>if applicable</u> :	o more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
by the amendment(s) was/were and by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
	t for the amendment(s) was/were sufficient for approval
by	oting group)
action was not required. The amendment(s) was/were a	dopted by the board of directors without shareholder action and shareholder dopted by the incorporators without shareholder action and shareholder
action was not required. Dated9 Signature	1/29/08 B/7/)
(By a d selected	lirector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
_	(Typed or printed name of person signing)
-	(Title of person signing)