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## **COVER LETTER**

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: VR Systems, Inc.
DOCUMENT NUMBER: V 56052
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mindy J. Perkins Name of Contact Person
VR Systems, Inc.
2840 Remington Green Circle
2840 Remington Green Circle Address Tallahussee FL: 32308 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mindy J. Perkins at (850) 668-2838 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)  \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment

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of 15 July -3 13: 42
VR Systems, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)
V56052
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new
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)
C. Enter new mailing address, if applicable: (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:
Name of New Registered Agent Mindy J. Perkins
2840 Remington Green Circle (Florida street address)
New Registered Office Address: Tallahassee FL., Florida 32308 (City) (Zip Code)
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

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	PT John Doe			
X Remove	<u>V</u> <u>Mike Jones</u>			
_X Add	SV Sally Smith			
Type of Action (Check One)	<u>Title</u> <u>Name</u>		<u>Addres</u> s	
1) X Change Add	VD J	ine M. Watson	7235 Heartland Tallahasser FL.	Circle 3231
Remove				
2) K Change Add	bo w.	ndy J. Perkins	5516 Touraine Tallahussce FL.	32308
Remove				
3) Change				
Add				
4) Change				
Add Remove				
5) Change				
Add Remove				
6) Change				
Add				
Remove				

Attach additional sheets, if necesse	пу). (Be spec	ific)	:		
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f an amendment provides for an	exchange, recl	assification, or	cancellation of is	ssued shares,	
provisions for implementing the	amendment if	not contained i	n the amendmen	t itself:	
(if not applicable, indicate N	A)				
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The date of each amendment(s) adoption: April 15, 2015, if other than date this document was signed.
Effective date if applicable: June , 2015  (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 not be listed as a document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast 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"  (voting group)
(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.
Dated 05/27/2015 Signature Jane H. Dolon
Signature Aaue M. Doloion
(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)
TANE M. WATSOW  (Typed or printed name of person signing)
(Typed or printed name of person signing)
PRESIDENT (Title of person signing)
(Title of person signing)