

Diego Morales SECRETARY OF STATE **BUSINESS SERVICES DIVISION**

302 West Washington Street, Room E018 Indianapolis, IN 46204 Telephone: (317) 234-9768 INBiz.in.gov

INSTRUCTIONS:

- 1. Use 8½" x 11" white paper for attachments.
- Please <u>TYPE</u> or <u>PRINT LEGIBLY</u> in <u>INK</u>. Print all forms single sided.
 For additional forms please visit <u>in.gov/sos/business/division-forms</u>
- 4. Make check or money order payable to the Secretary of State.
- 5. Submit original completed paperwork and payment to: 302 West Washington Street, Room E-018, Indianapolis, IN 46204.

INFORMATION CONTAINED ON THIS PAGE IS NOT PART OF THE PUBLIC RECORD.

Name of business						
E-mail address of business (SOS use only)	E-mail address of business (SOS use only)					
RETURN DOCUMENTS TO:						
Name						
Street address, line 1						
Street address, line 2						
City	State	ZIP code				
Telephone number	E-mail address (If different from above – SOS u	se only)				
()						





Indiana Code 23-1-38-7 23-0.5-9-3

FILING FEE: \$30.00

RESTATEMENT OF ARTICLES OF INCORPORATION						
OF						
(Name of Corporation)						
The above corporation (hereinafter referred to as the "Corporation") existing pursuant to the desiring to give notice of corporate action effectuating the restatement of its Articles of Inc.						
ARTICLE I – RESTATEMENT						
SECTION I: The date of incorporation of the Corporation (month, day, year)						
SECTION II: The name of the Corporation following this restatement						
SECTION II. THE HAITIE OF the Corporation following this restatement						
SECTION III: The exact text of the Restatement of Articles of Incorporation is attached as "Exhibit A"						
ARTICLE II – REGISTERED AGENT INFORMATION						
To determine if your Registered Agent is a Commercial Registered Agent (CRA), go to INBIZ.in.g	ov.					
Provide either commercial registered agent or noncommercial registered agent information below.						
Commercial registered agent Name of registered agent (Do not provide address.)						
OR						
Noncommercial registered agent Name of registered agent						
Address (number and street) (A P.O. Box is not acceptable unless accompanied by a Rural Route number.)		State IN	ZIP code			
(OPTIONAL) E-mail address of the registered agent at which the registered agent will accept electronic service of process						
By checking the box, the Signator(s) represent(s) that the Registered Agent named in this Restater consented to the appointment of Registered Agent.	nent of the Articles	s of Incorpora	ation has			
ARTICLE III – MANNER OF ADOPTION AND VOTE (Strike inapplic SECTION I: The restatement does not contain an amendment requiring shareholder approval and the board of dir		estatement.				
SECTION II: The restatement contains an amendment requiring shareholder approval and the vote is set forth below.	ow:					
VOTE OF SHAREHOLDERS The designation (i.e. common, preferred and any classification where different classes of stock exist), number of outstanding shares, number of votes entitled to vote separately on the amendment and the number of votes of each voting group represented at the meeting						
is set forth as follows:	L A	В	С			
DESIGNATION OF EACH VOTING GROUP						
NUMBER OF OUTSTANDING SHARES						
NUMBER OF VOTES ENTITLED TO BE CAST						
NUMBER OF VOTES REPRESENTED AT THE MEETING						
SHARES VOTED IN FAVOR						
SHARES VOTED AGAINST						
The number cast for the amendment by each voting group was sufficient for approval by that voting	group.					

SIGNATURE					
In witness whereof, the undersigned being the	(title)	of said Corporation executes			
this Restatement of Articles of Incorporation and verifies, subject to penalties of perjury, that the statements contained herein are true,					
this, 20					
Signature	Printed name				