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(Re	equestor's Name)	
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COVER LETTER

Division of Corpora	ations			
NAME OF CORPORA	TION: SPAN	IOS CONSUL	TING INC	
DOCUMENT NUMBE	r: <u>704</u>	000058008		
The enclosed Articles of	Amendment and fee are sul	bmitted for filing.		
Please return all correspo	ondence concerning this mat	tter to the following:		
- -	Eler Spand 407 I BRAND E-mail address: (To be us	Name of Contact Person S CONSULT Firm/ Company PARSON Address City/ State and Zip Code Sed for future annual report	ling@amail.	104 com
For further information of	concerning this matter, pleas	se call:		
Constanc	Angons Contact Person	t a 8/3) 651-0400 de & Daytime Telephone Number	
Enclosed is a check for t	he following amount made	payable to the Florida Depa	rtment of State:	
\$35 Filing Fee	□\$43.75 Filing Fee & 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

TO: Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to

FILED JIVISION OF CORPORATION	
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JPHIVOS (_0/USU/	7/VG 1	orida Dept. of State)
			orida Dept. of State)
<u> </u>	0000580	<u>08`</u>	
(D	ocument Number of	Corporation (if k	nown)
suant to the provisions of section 607.1006, F Articles of Incorporation:	orida Statutes, this I	Florida Profit Co	poration adopts the following amendment(s)
If amending name, enter the new name of t	he corporation:	•	
BRANDON/ CO	SUMSELIA	16 /N	The new
ne must be distinguishable and contain the orp.," "Inc.," or Co.," or the designation " "d "chartered." "professional association," o	Corp," "Inc," or "C	Co". A professio	or "incorporated" or the abbreviation nal corporation name must contain the
Enter new principal office address, if appli			N Parsons Ave
incipal office address <u>MUST BE A STREET</u>		, Ç	194
		R	100. FL 33510
		_ Drune	don, FL 33510
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>E <i>BOX</i></u>)	407 1	V. Parsons Ave
		Ste	104
		Branc	100. Fl 33510
		— 4 / 1 - 4 / 1 	
If amending the registered agent and/or re new registered agent and/or the new regist			ter the name of the
		- n 10	
Name of New Registered Agent		1)/4	
	(Florida stre	eet address)	
- 	(Florida stre	eet address)	
New Registered Office Address:		eet address) (City)	, Florida (Zip Code)

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>	<u>John Doe</u>	
X Remove	<u>v</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	•	n/a	
Add			
Remove			
2) Change	•		
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

		es, enter change(s) here (Be specific)		
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				<u> </u>
		nge, reclassification, or	cancellation of issued s	hares.
an amendment p	rovides for an exchar		CHIII COLLEGE DE LOCATOR D	1141 051
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The date of each amendment(s) adoption:	r life other than the .
date this document was signed.	SLUSE FARY OF STATE DIVISION OF CONFORALION
Effective date <u>if applicable</u> : (no more than 90 days after amendment file date)	2010 SEP 26 PM 2: 43
Note: If the date inserted in this block does not meet the applicable statutory filing requirements document's effective date on the Department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the ame by the shareholders was/were sufficient for approval.	endment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	
"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 slaction was not required.	hareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	nolder
Dated_ 9 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Signature (By a director, president or other officer – if directors or officers have	
selected, by an incorporator – if in the hands of a receiver, trustee, or of appointed fiduciary by that fiduciary)	ther court
ELENA SPANOS	
(Typed or printed name of person signing)	
SHAREHOLDER	
(Title of person signing)	