P0900005566

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone) #)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO		PROCESS, IN	C.
DOCUMENT NUM	BER: P0900000556	<u> </u>	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	Craig Zurman		
		Name of Contact Perso	n .
	EQUALITY PRO	CESS, INC.	
		Firm/ Company	
	12420 73rd Cour	t, Unit B	
	<u> </u>	Address	
	Largo, FL 33773		
		City/ State and Zip Coc	le
cla	udia.walker@zdi.d	com	
	_	ed for future annual report	notification)
For further information	on concerning this matter, pleas	e call:	
craig.zurmar	n@zdi.com	_{at (} 727	<u>,</u> 417-4979
Name	of Contact Person	Area Co	ode & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Dep	artment 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)
Ma	iling Address	Street	Address
Am	endment Section	Amend	dment Section
	ision of Corporations		on of Corporations
	. Box 6327		Building
I at	lahassee, FL 32314		Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

EQUALITY PROCESS, INC.

(Name of Corporation as currently filed with the Florida Dept. of State) P0900005566

(Document Number of Corporation (if	known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this F ts Articles of Incorporation:	Clorida Profit Corporation adopts the follows	ing amendment(s) to
A. If amending name, enter the new name of the corporation:		
ZD INTEGRAT	ED, INC.	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc" or Co.," or the designation "Corp," "Inc," or "Coyord "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name mus	abbreviation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	_
D. If amending the registered agent and/or registered office addr- new registered agent and/or the new registered office address:		_
Name of New Registered Agent N/A		
(
New Registered Office Address:	et address) , Florida	SECRET SECRET
(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position	OF STATE SEEDRATIO AH II: 47
		r.
Signature of New Registered A	gent, 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.

X Change	<u>PT</u> <u>Jo</u>	hn Doe		
X Remove	<u>V</u> <u>M</u>	ike Jones		
X Add	<u>SV</u> <u>Sa</u>	ully Smith		
Type of Action (Check One)	<u>Title</u>	Name		<u>Addres</u> s
1) Change		NA		
Add				
Remove				
2) Change				
Add				
Remove				
3) Change		<u> </u>		
Add				
4) Change				
Add				
Remove				
5) Change				
Add			·	
Remove				
6) Change				
Add				
Remove				

	ts, if necessary).	les, enter change (Be specific)			
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<u></u>	N/	<u>H</u>		<u> </u>	
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	vides for an excha	nge, reclassificat	ion, or cancellati	on of issued share:	<u>5,</u>
n amendment prov		d	aimad in tha ama	ndment itself:	
ovisions for impler	menting the amend	unient 11 not cont	amed in the ame	<u> </u>	
n amendment prov ovisions for impler (if not applicable,	menting the amend	ament 11 not com	amed in the ame		
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fective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
option of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.
	ved by the shareholders through voting groups. The following statement sch voting group entitled to vote separately on the amendment(s):
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval
by	(voting group)
	(101111/8 8. 044)
	ed by the board of directors without shareholder action and shareholder
action was not required.	
The amendment(s) was/were adopted	ed by the incorporators without shareholder action and shareholder
action was not required.	
04/45/201	
Dated_01/15/201	\\
Signature	ictor president or other officer – if directors or officers have not been
	by an incorporator – if in the hands of a receiver, trustee, or other court
	fiduciary by that fiduciary)
	Craig L. Zurman
_	(Typed or printed name of person signing)
	President
	(Title of person signing)