## P12000058447

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## **COVER LETTER**

Division of Corporations NAME OF CORPORATION: ONSOURCE INTERACTIVE, INC. DOCUMENT NUMBER: <u>P12000058447</u> The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: WILLIAM E. DATIG Firm/ Company Po Box 953273
Address LAKE MARY, FL 32795
City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: WILLIAM E. DATIG— at (516) 316-9517

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: **L**\$43.75 Filing Fee & □ \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status Certificate of Status (Additional copy is Certified Copy enclosed) (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 Articles of Incorporation of

ONSOURCE INTERA	CTIVE INC		
(Name of Corporation as currently	filed with the Florida D	ept. of State)	
P12000058447			
(Document Number o	f Corporation (if known)		
Pursuant to the provisions of section 607.1006, Floric its Articles of Incorporation:	la Statutes, this <i>Florida I</i>	Profit Corporation adopts	the following amendment(s) to
A. If amending name, enter the new name of the c	orporation:		
AVEETRIA.	INC.		The new
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corpword "chartered," "professional association," or the	v," "Inc," or "Co". A	npany," or "incorporated professional corporation	d" or the abbreviation name must contain the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD		N/A	<u></u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	N/A	18 FM 2: 52
D. If amending the registered agent and/or registered new registered agent and/or the new registered  Name of New Registered Agent		orida, enter the name of	
	(Florida street addres	rs)	
New Registered Office Address:	(City)	, Florida	Tin Code)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.	gistered Agent: I am familiar with and N/A		he position.
Signature of N	iew Registered Agent, if t	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>	John Doc	
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>	Address
1)Change		NJA	
Add			
Remove			
2) Change		N/A	
Add			
Remove			
3) Change		N/A	
Add			
Remove			
4) Change		N/A	
Add			
Remove			
5) Change		N/A	
Add		·	
Remove			
6) Change		NA	
Add			
Remove			
6) Change Add		N/A	

If amending (Attach addita	or adding additional Articles, enter change(s) here: ional sheets, if necessary). (Be specific)
NIA	1
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If an amend	ment provides for an exchange, reclassification, or cancellation of issued shares,
provisions to	for implementing the amendment if not contained in the amendment itself: applicable, indicate N/A)
Alla	er.
· · · · · · · · · · · · · · · · · · ·	
· · ·	
· ·	

The date of each amendment(s) a	doption: 3/12/13
Effective date <u>if applicable</u> :	NA
<del></del>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ad- by the shareholders was/were si	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes cast	t for the amendment(s) was/were sufficient for approval
by	(voting group)
☐ The amendment(s) was/were adaction was not required.	opted by the board of directors without shareholder action and shareholder
action was not required.	opted by the incorporators without shareholder action and shareholder
Dated	3/12/13 110 G X Q.
Signature	director, president or other officer - if directors or officers have not been
selecte	ed, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	PRESIDENT (Title of person signing)