## P16000885698

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: B SQUARE ADM	IIN, INC			
DOCUMENT NUMB	P16000085608				
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
		YURAIME FERNANDE	Z		
-	Name of Contact Person				
-		Firm/ Company			
	10623 SW 148TH CT				
-	Address				
-		City/ State and Zip Cod			
YURI	ГА768@HOTMAIL.COM		$\sqrt{}$		
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
YURAIME FERNANI	DEZ	786 at (	545-6693		
Name o	f Contact Person	Area Co	ode & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	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)		
Amer Divis P.O.	ing Address adment Section ion of Corporations Box 6327 hassee, FL 32314	Ameno Divisio Cliftor 2661 E	Address Iment Section on of Corporations a Building Executive Center Circle assee, FL 32301		

## Articles of Amendment to Articles of Incorporation of

B SQUARE ADMIN, INC

İ	3 SQUARE ADMIN, INC
(Name of Corporatio	n as currently filed with the Florida Dept. of State)
	P16000085698
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	poration:
B SQUARED ADMIN, INC	The new
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the bbreviation "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDI	
	第章 <b>之</b> □
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	
(Maning united States of Pice Box	25 - 25
D. If amending the registered agent and/or registered new registered agent and/or the new registered o	
Name of New Registered Agent	
-	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
Non-Bestehnud Association (Charles and Charles and Cha	
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I	stered Agent: am familiar with and accept the obligations of the position.
, , , , , , , , , , , , , , , , , , , ,	and the second s
Signa	ture 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	<u>PT</u>	John Doe	
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			
Add			
Remove			<del></del>
2) Change		_	
Add			
Remove			
3 ) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			, <del>-</del> .
5) Change			
Add			<del></del>
Remove			
6) Change	<del>_</del> ~		
Add			<u> </u>
Remove			

	cles, enter change(s) here: (Be specific)
	· · · · · · · · · · · · · · · · · · ·
<del></del>	
_	
•	
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares.
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
provisions for implementing the amer	

The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
Effective date if applicable:  (no more than 90 days after amendment file days)	
(no more than 90 days after amendment file da	ite)
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	ents, this date will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the a by the shareholders was/were sufficient for approval.	mendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The follow must be separately provided for each voting group entitled to vote separately on the amendment of the separately provided for each voting group entitled to vote separately on the amendment of the separately o	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and action was not required.  The amendment(s) was/were adopted by the incorporators without shareholder action and sha action was not required.	
Dated 11 9 10	
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, of appointed fiduciary by that fiduciary)	
BRANDON BALTODANO	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	