P190000 23054

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: 365 SQLWISE, IN	IC.	
DOCUMENT NUM	BER: P19000023054		
	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	Maria E Bello		
		Name of Contact Person	1
	365 Cloud One, Inc.		
		Firm/ Company	
	1740 Riverwood Lane		
		Address	
	Coral Springs, FL 33071		
		City/ State and Zip Cod	e
mec	kie@meckie.com		
-	•	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
Meckie Bello		954 at (de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□S43.75 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)
An Dis P.C	niling Address mendment Section rision of Corporations D. Box 6327	Amend Divisio Clifton	Address Iment Section on of Corporations Building
Tallahassee, FL 32314		2661 E	xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

365 SQLWISE, INC.	
(Name of Corporation as currently	filed with the Florida Dept. of State)
P19000023054	
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
365 Cloud One, Inc.	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	- j
	(3
	_
C. Enter new mailing address, if applicable:	i.
(Mailing address MAY BE A POST OFFICE BOX)	
	<u></u>
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	
(Florida stree	t address)
New Registered Office Address:	, Florida
	ity) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with the second se	th and accept the obligations of the position.
Signature of New Reg	sistered 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 Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	ones	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	Title		<u>Name</u>	Address
1) Change				
Add				
Remove				
2) Change		-		
Add				
Remove				
3) Change				
Add		_		
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
Kemove				
6) Change		_		
Add				
Remove				

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	
	
lf an amandmant provides for an avek	hanga rachesification or concellation of issued charge
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption date this document was signed.	tion:, if other than the
09/03/2	2019
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Note: If the date inserted in this bloodocument's effective date on the Depa	ck does not meet the applicable statutory filing requirements, this date will not be listed as the rement of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
■ The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes east for the amendment(s) cient for approval.
	ved by the shareholders through voting groups. The following statement ch voting group entitled to vote separately on the amendment(s):
	the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were adopt action was not required.	ed by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and shareholder
09/03/2019 Dated	
Signature Wels	
(By a dire selected, 1	ctor, 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)
М	aria E Bello
_	(Typed or printed name of person signing)
Pr	esident
	(Title of person signing)