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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: ADVANCED SIM	IULATION RESEARCH, I	NC
	IBER: P05000122331		
	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	itter to the following:	
	Ti	HOMAS R. HERRERA	
		Name of Contact Person	1
	PREMIER TAX & ACCOU	INTING CONSULTANTS INC	
		Firm/ Company	
	12301 LAKE UNDERHILL	ROAD STE 257	
		Address	
	ORLANDO, FL 32828		
		City/ State and Zip Cod	<u>. </u>
TON	∆@TRHFIN.ORG		
		sed for future annual report	notification)
		•	
For further informati	on concerning this matter, plea	se call;	
THOMAS R. HERRERA		at (392-1488
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check t	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)	CS52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

Articles of Amendment to Articles of Incorporation of

ADVANCED SIMULATION RESEARCH, INC. (Name of Corporation as currently filed with the Florida Dept. of State) P05000122331 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: _, Florida_ (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature 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	
\underline{X} Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	VP	SANDRA A. VAQUERIZO	4536 ATWOOD DRIVE
X_Add			ORLANDO, FL 32828
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			_
Add			
Remove			
6) Change		_	
Add			
Remove			
		Page 2 of 4	
		ional Articles, enter change(s) here: cessary). (Be specific)	

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provisions for implementing the amendment (if not applicable, indicate N/A)	e, reclassification, or cancellation of issued shares, ent if not contained in the amendment itself: DR 1000 SHARES, COMPANY WILL LIKE TO INCREASE	
AUTHORIZED SHARES TO 10,000 SHARES		
		<u>_</u>
	Page 3 of 4	
The date of each amendment(s) adoption:		, if other than
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)	(<u>CHECK ONE</u>)
■ The amendment(s) was/were adop by the shareholders was/were suff	ited by the shareholders. The number of votes east for the amendment(s) ficient for approval.
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval
by	
	(voting group)
☐ The amendment(s) was/were adoptaction was not required.	ted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopt action was not required.	ted by the incorporators without shareholder action and shareholder
Dated	
Signature	
(By a dire selected,	ector, 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 d fiduciary by that fiduciary)
11	UAN VAQUERIZO
	(Typed or printed name of person signing)
P	RESIDENT
	Fitle of person signing)