

F18000005187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

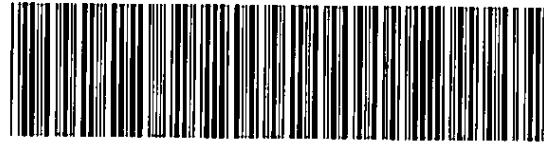
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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FILED
2021 DEC -5 AM 8:57
CLERK OF STATE
TALLAHASSEE, FL

RECORDED
2021 DEC -6 PM 2:53
CLERK OF STATE
TALLAHASSEE, FLORIDA

Y SULKER

DEC 07 2021

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau

850.656.7953

REQUEST DATE 12/6/2021

PRIORITY Regular Approval

OUR REF # (Order ID#) 975706

ORDER ENTITY

PREMIER SYSTEM INTEGRATORS, INC.

PLEASE PERFORM THE FOLLOWING SERVICES:

PREMIER SYSTEM INTEGRATORS, INC. (FL)

File the attached amendment

NOTES:

\$35.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "WJ" or similar, written over a horizontal line.

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

F18000005187

(Document number of corporation (if known))

1. PREMIER System Integrators, Inc.
(Name of corporation as it appears on the records of the Department of State)
2. Tennessee 3. 10/30/2018
(Incorporated under laws of) (Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? November 29, 2021
5. The EOSYS Group, Inc.
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)
- (If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. **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) (Zip Code)

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.

FILED
2021 DEC -6 AM 8:57
CLERK OF STATE
TALLAHASSEE, FL

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

David Lax

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

David Lax

President

(Typed or printed name of person signing)

(Title of person signing)

FILING FEE \$35.00



Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

SHERRARD ROE VOIGT & HARBISON, PLC
TERRIE CARLTON
STE 1100
501 3RD AVE S
NASHVILLE, TN 37210-2009

Request Type: Certified Copies

Request #: 448054

Issuance Date: 12/01/2021

Copies Requested: 1

Document Receipt

Receipt #: 006750408

Filing Fee: \$20.00

Payment-Check/MO - SHERRARD & ROE, LLC, NASHVILLE, TN

\$20.00


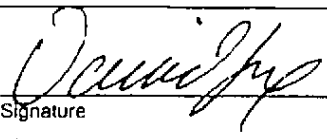
I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that **The EOSYS Group, Inc.**, Control # 243996 was formed or qualified to do business in the State of Tennessee on 08/19/1991. The EOSYS Group, Inc. has a home jurisdiction of TENNESSEE and is currently in an Active status. The attached documents are true and correct copies and were filed in this office on the date(s) indicated below.

Tre Hargett
Secretary of State

Processed By: Alex Maxfield

The attached document(s) was/were filed in this office on the date(s) indicated below:

Reference #	Date Filed	Filing Description
B1105-4436	11/22/2021	Articles of Amendment

ARTICLES OF AMENDMENT TO THE CHARTER FOR-PROFIT CORPORATION (ss-4421)	
	<div style="text-align: center;"> Business Services Division Tre Hargett, Secretary of State State of Tennessee 312 Rosa L. Parks Ave., 6th Fl. Nashville, TN 37243 (615) 741-2286 </div> <div style="text-align: center; margin-top: 10px;">Filing Fee: \$20.00</div>
<div style="text-align: right; font-size: small;">For Office Use Only</div>	
Pursuant to the provisions of T.C.A. § 48-24-106 the undersigned corporation adopts the following articles of amendment to its charter:	
1. Please insert the name of the corporation as it appears on record: <u>PREMIER SYSTEM INTEGRATORS, INC.</u> If Changing the name, insert the new name: <u>The EOSYS Group, Inc.</u> Secretary of State control number (If known): <u>000243996</u>	
2. If the document is not to be effective upon filing by the Secretary of State, the delayed effective date and time is: (Not to exceed 90 days) Effective Date: <u>11</u> , <u>29</u> , <u>2021</u> Time: <u>00:01</u> <small>Month Day Year</small>	
3. Please insert any changes that apply: A. Principal Street Address: _____ City: _____ State: <u>TN</u> Zip Code: _____ County: _____ B. Registered Agent: _____ C. Registered Address: _____	
4. Other Provisions: _____	
5. The amendment was duly adopted on: <u>11</u> , <u>22</u> , <u>2021</u> <small>Month Day Year</small> <input type="checkbox"/> The incorporators without shareholder action, as such was not required. <input type="checkbox"/> The board of directors without shareholder action, as such was not required. <input checked="" type="checkbox"/> The shareholders.	
<i>Note: Pursuant to T.C.A. § 10-7-503 all information on this form is public record.</i>	
November 22, 2021 _____ Signature Date <u>President</u> _____ Signer's Capacity (if other than individual capacity)	 _____ Signature <u>David Lax</u> _____ Name (printed or typed)