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| PICK-UP                 |                        |
|                         | siness Entity Name)    |
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| Certified Copies        | Certificates of Status |
| Special Instructions to | Filing Officer:        |
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|                         | Office Use Only        |

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| CSC.<br>CORPORATION SERVICE COMPANY |               |   |          |         |  |
|-------------------------------------|---------------|---|----------|---------|--|
|                                     | ACCOUNT NO.   | : | I200000  | 00195   |  |
|                                     | REFERENCE     | : | 201606   | 4306193 |  |
|                                     | AUTHORIZATION | J | nellele  | nan     |  |
|                                     | COST LIMIT    | Ŋ | \$ 43.75 |         |  |
| ORDER DATE :                        | July 1, 2014  |   |          |         |  |
| ORDER TIME :                        | 9:30 AM       |   |          |         |  |
| ORDER NO. :                         | 201606-005    |   |          |         |  |
| CUSTOMER NO:                        | 4306193       |   |          |         |  |
| <b></b>                             |               |   |          |         |  |

#### DOMESTIC AMENDMENT FILING

NAME: ADVANCED DATA SYSTEMS OF JACKSONVILLE, INC.

## EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Gray -- EXT# 62925

EXAMINER'S INITIALS:

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| ADVANCED DATA SYS   | Articles of An<br>to<br>Articles of Inco<br>of<br>STEMS OF JACKS | orporation<br>SONVILLE, IN            | FILED<br>MIN JUL -2 ANII: O<br>IC T ATASSEE. FLORI | <b>2</b><br>E<br>DA |
|---|--|---------------------------------------|--|---------------------|
| (Name of Corporation a<br>G64959  | s currently filed with the Flo                                   | orida Dept. of State)                 |  |                     |
|   | nt Number of Corporation (if                                     | known)                                |  |                     |
| Pursuant to the provisions of section 607<br>its Articles of Incorporation:   | .1006, Florida Statutes, this F                                  | lorida Profit Corporal                | ion adopts the following amenda                    | nent(s) to          |
| A. <u>If amending name, enter the new n</u><br>N/A  | ame of the corporation:  |                                       | The ne   |                     |
| "Corp.," "Inc.," or Co.," or the design<br>word "chartered," "professional associa<br>B. <u>Enter new principal office address,</u><br>(Principal office address <u>MUST BE A S</u> | ttion," or the abbreviation "P<br>if applicable:                 | .A. "                                 | USINESS CENTER                                     | <i>te</i>           |
| C. <u>Enter new mailing address, if applicable:</u><br>(Mailing address <u>MAY BE A POST OFFICE BOX</u> )   |  | 620 FREEDOM B                         | USINESS CENTER                                     |                     |
|   |  | KING OF PRUSSI                        | A, PA 19046  |                     |
| D. <u>If amending the registered agent an new registered agent and/or the ne</u>  | w registered office address:                                     |                                       | e name of the                                      |                     |
| Name of New Registered Agent  | Corporation Serv   |                                       | _ <del></del>                                      |                     |
|   | 1201 Hays Stree  |                                       |  |                     |
|   | Tallahassee  | · · · · · · · · · · · · · · · · · · · | orida_32301  |                     |
| New Registered Office Address:  | (City)   | , • • • • • • • • • • • • • • • • •   | J. 100   |                     |

fignature of New Registered Agent, if changing

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Page 1 of 4

#### 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)

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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 = ChiefExecutive 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 V Mike Jones <u>X</u> Add <u>sv</u> Sally Smith Type of Action Title Address Name (Check One) Ρ J. E. Lechtman 2868 Remington Green Cr $\mathbf{n}$ Change Tallahassee, FL 32308 Add Remove 620 Freedom Business Ctr DPT Charles Bauer Change 2) King of Prussia, PA 19046 Add Remove 620 Freedom Business Ctr S Sandy Brunner 3) Change King of Prussia, PA 19046 Add Remove 4) Change Add Remove 5) Change Add Remove 6) Change Add Remove

# E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) ARTICLE THREE is hereby amended to read as follows: "The authorized capital stock of this corporation shall consist of one thousand (1,000) shares at \$1.00 par value per share". ARTICLE VI is hereby amended to read as follows: "The business of the corporation shall be conducted by a Board of Directors consisting of one (1) or more members". F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) N/A .

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| date this document was signed.  | ption:  |  |
|---|---|--|
| Effective date if applicable:   |   |  |
|   | (no more than 90 days after amendment file date)  |  |
| Adoption of Amendment(s)  | (CHECK ONE)   |  |
| The amendment(s) was/were adopt<br>by the shareholders was/were suffi | ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.   |  |
| The amendment(s) was/were appro<br>must be separately provided for ea | ved by the shareholders through voting groups. The following statement<br>ach voting group entitled to vote separately on the amendment(s): |  |
| "The number of votes cast for   | r 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  |  |
| Dated   | 1501  |  |
| Signature   | CH-   |  |
| (By a dire  | 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<br>i fiduciary by that fiduciary)                               |  |
| С   | harles Baugher, President   |  |
|   | (Typed or printed name of person signing)   |  |

(Title of person signing)

#### COVER LETTER

TO: Amendment Section **Division of Corporations** 

NAME OF CORPORATION: ADVANCED DATA SYSTEMS OF JACKSONVILLE, INC.

DOCUMENT NUMBER: G64959

The enclosed Articles of Amendment and fee are submitted for filing.

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Please return all correspondence concerning this matter to the following:

## SUZANNE HOFFMAN

Name of Contact Person

# KATTEN MUCHIN ROSENMAN LLP

Firm/ Company

525 W. MONROE STREET, SUITE 1900

Address

CHICAGO, IL 60661-3693

City/ State and Zip Code

## Sbrunner@databankimx.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

# SUZANNE HOFFMAN

Name of Contact Person

at (312) 577-8306 Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

**\$35** Filing Fee

□\$43.75 Filing Fee & Certificate of Status

**1**\$43,75 Filing Fee & Certified Copy (Additional copy is enclosed)

□\$52.50 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

Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Taliahassee, FL 32301