## H21468

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Amend.

MAR 11 2014 T. CARTER

## **COVER LETTER**

TO: Amendment Section

Division of Corporations Diversatec Inc. NAME OF CORPORATION: **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person Firm/ Company

1036 Green world Blod.

Address

Lake Mary Ft 32746

City/ State and Zip Code

Kay queen 2 D quail. com

E-mail address: (to be used for future annual report potification) For further information concerning this matter, please call: William Over or Sherrie Queen at (720) 495 3217

Name of Contact Person Tower Smith 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 & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## Articles of Amendment to Articles of Incorporation of



14 MAR 10 PH 11:56

DIVERSATEC, INC.	Ind. Little, 1.5
(Name of Corporation as currently filed with the Florida	Dept. of State)
<u> </u>	<u> </u>
(Document Number of Corporation (if known	n)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> its Articles of Incorporation:	a Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	-
	The new
name must be distinguishable and contain the word "corporation," "co "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A 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)	ompany." or "incorporated" or the abbreviation A professional corporation name must contain the
C. Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	JA
D. If amending the registered agent and/or registered office address in new registered agent and/or the new registered office address:	Florida, enter the name of the
Name of New Registered Agent Sherrie To	rgerson
1295 NiSR 42 (Florida street addr	16 STE 123 ress)
New Registered Office Address: Oviedo	, Florida 32765
(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  Signature of New Registered Agent, i	eedon

address of each Office (Attach additional sheet Please note the officer/o P = President: V = Vice Executive Officer: CFC held. President, Treasur Changes should be note a change, Mike Jones le Mike Jones, V as Remo	r and/or D s, if necess director title President = Chief i er, Direct d in the fo eaves the c	rirector be eary) be by the fir t; T= Trea Financial ( for would be dowing ma orporation	ing added:  stiletter of the office title: surer; S= Secretary; D= Director; Officer. If an officer/director holds e PTD. anner. Currently John Doe is listed b, Sally Smith is named the V and S.	TR= Tru s more the l as the P!	irector being removed and title, name, and istee; $C = Chairman \ or \ Clerk; \ CEO = Chief an one title, list the first letter of each office ST and Mike Jones is listed as the V. There is would be noted as John Doe, PT as a Change,$	
Example: X Change	<u>PT</u>	John Doe	2			
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>		Address	
Change Add Remove		-				
2) Change Add		_		_		
Remove 3) Change Add Remove	<u> </u>	_		_		
4) Change Add Remove		_		_		
5) Change Add Remove		_		_		
6) Change		_				

Remove

uacu aaamonal St	<mark>ling additional Art</mark> heets, if necessary).	(Be specific	)	NA	
					<del></del> .
an amendment p	rovides for an exc	<u>hange, reclass</u>	<u>ification, or car</u>	ncellation of issued s	<u>hares,</u>
rovisions for imt	ble indicate M(4)	endment it not	contained in ti	ne amendment itself	<u>.</u>
Lifuot applied	ote, maicate WA)	NA			
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The date of each amendment(s) adoption: date this document was signed.  Effective date if applicable:  (no more than 90 days after amendment file date)	f other than the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amend by the shareholders was/were sufficient for approval.	iment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment(s)	
"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 sha action was not required.  The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action act	
action was not required.	idei
Dated MARCH-Le-2014 Signature William Duson	
Signature Willemh- Woon	
(By a director, president or other officer – if directors or officers have no selected, by an incorporator – if in the hands of a receiver, trustee, or oth appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
OWNER	
(Title of person signing)	