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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Technologies Man	agement, Inc.			
DOCUMENT NUMB			·		
	of Amendment and fee are su	bmitted for filing.			
Please return all corresp	pondence concerning this ma	tter to the following:			
	Phyllis Miller				
-		Name of Contact Person			
	Inteserra Consulting Group.	Inc.			
-		Firm/ Company			
	PO Drawer 200				
<del>-</del>	Address				
	Winter Park, FL 32790-0200	•			
-		City/ State and Zip Code	:		
pmille	r@tminc.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
Phyllis Miller		at (	740-3035 de & Daytime Telephone Number		
Name o	f Contact Person	Area Coc	le & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depar	rtment of State:		
☐ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	■S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address  Amendment Section  Division of Corporations		Amenda	Address ment Section n of Corporations		

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, F1, 32301

## Articles of Amendment to Articles of Incorporation of

Technologies Management, Inc.				
(Name of Corporation as	s currently filed with the Florida Dep	t. of State)		
J28074				
(Document ?	Number of Corporation (if known)			
Pursuant to the provisions of section 607,1006, Florida Statits Articles of Incorporation:	tutes, this Florida Profit Corporation ac	Jopts the follov	ving amend	ment(s) to
A. If amending name, enter the new name of the corpor	ration:			
Inteserra Consulting Group, Inc.			The n	iew.
name must be distinguishable and contain the word "c "Corp.," "Inc.," or Co.," or the designation "Corp." "I word "chartered," "professional association," or the abbra	lnc," or "Co". A professional corpora		abbreviati	ion
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRES</u>	<u>SS</u> )			-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  D. If amending the registered agent and/or registered of new registered agent and/or the new registered of fice.  Name of New Registered Agent		ne of the	OF THE PARTY OF TH	下头。
	Florida street address)			
New Registered Office Address:		, Florida		_
	(City)	(2	lip Code)	
New Registered Agent's Signature, if changing Register, I hereby accept the appointment as registered agent. I am	familiar with and accept the obligation	s of the position	ч.	
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 Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>rith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change	-	<u> </u>		
Add				
Remove				
3 ) Change		_		
Add				
Remove				
4) Change		_		
Add		-		
Remove				
5/ Change				
Add		<del></del>		
Remove				
6) Change		_		
Add				e-100
Remove				

(Attach additional sheets, if necessary).	(Be specific)
•	
· · · · · · · · · · · · · · · · · · ·	
	<del></del>
-	
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)	
A.	

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.	11.5/2011	
Effective date <u>if applicable</u> :	/15/2018	
<u></u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were as by the shareholders was/were	lopted by the shareholders. The number of votes cast for the amenda sufficient for approval.	rent(s)
	oproved by the shareholders through voting groups. The following start are ach voting group entitled to vote separately on the amendment(s).	
"The number of votes cas	st for the amendment(s) was/were sufficient for approval	
by		
,	(voting group)	
The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and share	holder
☐ The amendment(s) was/were action was not required.	dopted by the incorporators without shareholder action and sharehold	er
Dated/	3/2/8 60	
Signature	. M.W.	
	director, president or other officer – if directors or officers have not led, by an incorporator – is in the hands of a receiver, trustee, or other	
	nted fiduciary by that fiduciary)	Court
	Corrine M. Wightman	
	(Typed or printed name of person signing)	
	CEO	
	(Title of person signing)	

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