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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

· : . . . .

NAME OF CORPOR	ATION: Pegasus Technolog	gies, Inc.	
DOCUMENT NUMB			
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Jeffre	y R. Ludwig	
-		Name of Contact Persor	1
	Ludw	rig Hulsey, P.A.	
-	<del></del>	Firm/ Company	
	5150 E	Belfort Rd. S. #500	
-		Address	
	Jackso	onville,Florida 32256	
-		City/ State and Zip Code	2
	jludwi	g@ludwiglaw.net	
<del> </del>	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Jeffrey Ludwig		at ( <u>904</u>	281-0145
Name o	f Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amei Divis	ing Address  Indment Section  It is a section of Corporations  Box 6327	Amend Divisio	Address ment Section n of Corporations entre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Pegasus Technologies, Inc.

(Name of Corporation	as currently f	iled with the Florida	Dept. of Sta	te)		
	538042					
(Documen	it Number of C	orporation (if known	)			
ursuant to the provisions of section 607,1006, Florida St s Articles of Incorporation:	tatutes, this Flo	orida Profit Corpora	tion adopts th	e follow	ring ame	ndment
If amending name, enter the new name of the corp	oration;					
						new
me must be distinguishable and contain the word "corp nc.," or Co.," or the designation "Corp," "Inc," o hartered," "professional association," or the abbrevia	r "Co". A j					
Enter new principal office address, if applicable:	ree v					
rincipal office address <u>MUST BE A STREET ADDRI</u>	<u>ESS</u> )				io	
					5,5	<del>-</del> .
		·				
Enter new mailing address, if applicable:				•	.0	-,
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )						_ <del>_`</del> -`
					<del></del>	
					· :	
If amending the registered agent and/or registered new registered agent and/or the new registered off		s in Florida, enter tl	ne name of th	<u>e</u>		
Name of New Registered Agent			<u> </u>			
	(Florida street	addrava	<u> </u>			
	(rumua sireei	aaaressj				
New Registered Office Address:	(C	(no)	, Florid		p Code)	
	(0)	.,,,		(227)	, Cour,	
w Registered Agent's Signature, if changing Regist		t to seemade the				
ereby accept the appointment as registered agent. I a	m Jamiliar witi	n ana accept the oblig	gations of the	position	1.	
Signatur	re of New Regi	stered Agent, if chan	ging	-	_	

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:	, ana sau	y Smun, Sv as an Aaa.	
X Change	<u>PT</u>	John Doc	
X Remove	Y	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	CEO, P	Burke, Joesph	932 Pilot Drive
Add			Green Cove Springs, Fl 32043
X 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	
E. <u>If amending or addin</u>	g additio	onal Articles, enter change(s) here:	

E. 1	lf amending	or adding	additional Articles	s, enter change(s) here:
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(Attach additional sheets, if necessary). (Be specific)

·· <del>····</del>		·
	<del></del>	
	e, reclassification, or cancellation of issued shares, ent if not contained in the amendment itself:	
(у ил арупсине, насис тт)		
<u>-</u>	·	
	·- ·- · · · · · · · · · · · · · · · · ·	
	Page 3 of 4	
The date of each amendment(s) adoption:date this document was signed.		, if other than th
Effective date <u>if applicable</u> :		

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)	(CHECK ONE)
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) officient for approval.
	proved by the shareholders through voting groups. The following statement 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
bv	."
,	(voting group)
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder
Dated 11/25/2019 (Signature	In Lud,
(By a di sclegie	rector, president or other officer — f directors or officers have not been d, by an incorporator — if in the hards of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	Jeffrey R. Ludwig
	(Typed or printed name of person signing)
	Director
	(Title of person signing)