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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: C	resortium of.	Information and Tel	e communications
E	xecutives of Fi	orida, Inc.	
DOCUMENT NUMBER:	'\$3\$\$\$\$\$	06207	
The enclosed Articles of Amendment	and fee are submitte	ed for filing.	
Please return all correspondence cond	cerning this matter to	the following:	
Harold P. L	Iwrence. Jr.		
	(Name of Con	tact Person)	·
			<del></del>
	(Firm/ Co	mpany)	
P.O. Box	1761	ess)	<del></del>
Brandon,	FLorida (City/ State and	3351/ d Zip Code)	
harolden la	Awrenne Dveri. Iress: (to be used for	z <i>ow. Com</i> future annual report notifica	tion)
For further information concerning th	is matter, please call	:	
Harold P. Lawrence (Name of Contact Person	, Vr.	at (873) 486	6726
(Name of Contact Pers	on)	(Area Code & Daytim	e Telephone Number)
Enclosed is a check for the following	amount made payab	le to the Florida Department	of State:
\$35 Filing Fee \$43.75 Fil Certificate of	`Status (	2\$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 Corporation P.O. Box 6327 Tallahassee, FL 32314	ns	Street Address Amendment Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	

## **Articles of Amendment Articles of Incorporation**

THE WASH Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: Consortium of Information and Telecommunications Executives So The new name must be distinguishable and contain the word "corporation" or "incorporated" abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. 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: New Registered Office Address: (Florida street address) (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.

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) **Title** <u>Name</u> <u>Address</u> **Type of Action** ☐ Add ☐ Remove ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) adoption:
Ifdate of adoption is required)  Effective date if applicable:
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated 1/3/2011
Signature Melanie & Williams
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
(Title of person signing)