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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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SECRETARY OF STAIL ALLAHASSEE, FLORIDA

APPROVED AND FILED

C. LEWIS 0CT 1 4 2013 EXAMINER

COVER LETTER

| Division of Corporations |
|--|
| NAME OF CORPORATION: FLOW 24/7 INC |
| DOCUMENT NUMBER: N 11000009468 |
| The enclosed Articles of Amendment and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Lisa Mullen |
| (Name of Contact Person) |
| |
| (Firm/ Company) |
| 405 NW 17th St. |
| (Address) |
| Delray Beach, FL 33444 |
| (City/ State and Zip Code) |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| <u>Lisa Muller</u> "561, 279-1333 |
| (Name of Contact Person) (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount made payable to the Florida Department of State: |
| \$35 Filing Fee U\$43.75 Filing Fee U\$43.75 Filing Fee U\$52.50 Filing Fee Certificate of Status (Additional copy is enclosed) \$\int \text{S35 Filing Fee} \text{Certified Copy} \text{Certified Copy} \text{Certified Copy} \text{Certified Copy} \text{(Additional Copy is Enclosed)} |
| Mailing AddressStreet AddressAmendment SectionAmendment Section |
| Division of Corporations Division of Corporations |
| P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle |

Tallahassee, FL 32301

13 OCT -7 PM 1:30

Articles of Amendment Articles of Incorporation

(Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known)

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:

| If amending name, enter the new name of the corporation: |
|--|
| Same Name 10 Charge The new |
| ame must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." Company" or "Co." may not be used in the name. |
| Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS) |
| Enter now mailing address if annihables |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) |
| |
| 1. 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: Name of New Registered Agent: |
| 405 NW 17 St (Floridu street address) |
| New Registered Office Address: Del Cay Beach, Florida 33444 (City) (Zip Code) |
| ew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. Value familiar with and accept the appointment as registered agent. |
| The property of the position of the position. |

Signature of New Registered Agent, if changing

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 sheefs, 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 X Remove X Add | PT John I V Mike J SV Sally S | <u>lones</u> | |
|----------------------------------|-------------------------------------|----------------|------------------------------------|
| Type of Action (Check One) | <u>Title</u> | Name | <u>Addres</u> s |
| 1) Change Add | P | Richard Muller | 405 NW 17th St. Delray Beach Fl |
| Remove 2) Change | VP→P | Lisa Mullen | Same address |
| Remove 3)ChangeAdd | | | |
| Remove 4) Change Add | | | |
| Remove Add Remove | | | |
| 6) Change Add | | | |
| Remove | | Dama 2 of 4 | |

| f amending or adding additional Arti attach additional sheets, if necessary). | (Be specific) | | | |
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| The date of each amendment(s) ad | option: | 444 | , if other than the |
|--|---|---|---------------------|
| date this document was signed. | | AND | |
| Effective date if applicable: | | FILED | |
| . | (no more than 90 days after ame | endment fill Oney -7 Ph | |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | APPROVE () FILED AND | |
| ☐ The amendment(s) was/were ac was/were sufficient for approva | | of votes cast for the amendment(s) | |
| There are no members or members adopted by the board of directed | pers entitled to vote on the amendment(sprs. | s). The amendment(s) was/were | |
| Dated | 12/13 m M | | |
| Signature | Those I were | | |
| have not bee | man or vice chairman of the board, presen selected, by an incorporator — if in the appointed fiduciary by that fiduciary) | | |
| | (Typed or printed name of person signi | lec ine) | |
| | 1/1 | | |
| | (Title of person signing) | ···· | |
| | (i tile of person signing) | | |