## N13000010382

(Requestor's Name)	
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(Address)	
(City/State/Zip/Phone #)	
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(Business Entity Name)	
(Document Number)	<del></del>
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Amend

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

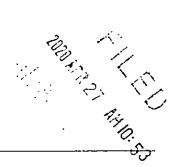
Tallahassee, FL 32314

NAME OF CORPORATION: Fusion Pointe, Inc.	C
DOCUMENT NUMBER: N13000010382	
The enclosed Articles of Amendment and fee are su	ubmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Scott Soucy	
	(Name of Contact Person)
Fusion Pointe, Inc.	
	(Firm/ Company)
24301 Walden Center Drive Suite 300	
	(Address)
Bonita Springs, FL 34134	
	(City/ State and Zip Code)
ssoucy@2ndofficellc.com	
E-mail address: (to be us	sed for future annual report notification)
For further information concerning this matter, plea	ase call:
Scott Soucy	atat
(Name of Contact Pers	on) (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 & Certificate of Statu	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address  Amendment Section  Division of Corporations  The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of



(Name of Corporation as currently filed with the Florida D	ept. of State)
Fusion Pointe, Inc. N13	000010382
(Document Number	r of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati	on:
	The new
name must be distinguishable and contain the word "corporat "Company" or "Co," may not be used in the name.	ion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	24301 Walden Center Drive
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Suite 300
	Bonita Springs, FL 34134
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	24301 Walden Center Drive
	Suite 300
	Bonita Springs, FL 34134
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a	
Name of New Registered Agent: Not Applica	able
	(Florida street address)
New Registered Office Address:	
	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai	Agent: niliar with and accept the obligations of the position.
Si	gnature 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 X Remove X Add	PT John Do V Mike Jo SV Sally Sr	nes	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add	C.P.D	Brian Sametson	24301 Walden Center Drive Suite 300  Bonita Springs, FL 34134
Remove 2) Change Add	V,C	Alex Allen	24301 Walden Center Drive Suite 300
Remove  3 ) X Change Add Remove	<u>D</u>	Steve Walling	Bonita Springs, FL 34134 24301 Walden Center Drive Suite 300 Bonita Springs, FL 34134
4) X Change Add	D	Kena Yoke	24301 Walden Center Drive Suite 300
Remove 5) Change Add		Jim Moore	Bonita Springs, FL 34134
Remove 6) Change Add		Nemeth, Bill	
X Remove  E. If amending or additional sheep		icles, enter change(s) here:  (Be specific)	
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April 17, 2020  The date of each amendment(s) adoption: date this document was signed.	if other than the
Effective date if applicable:	
Effective date if applicable:  (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.	be listed as the
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.	

Dated	4/23/20
Signature	Steve Wolling
(By t	the chairman or vice chairman of the board president or other officer-if directors into been selected, by an incorporator – if in the hands of a receiver, trustee, or recourt appointed fiduciary by that fiduciary)
	Steve Walling
_	(Typed or printed name of person signing)
	( ),, ==,
	Chairman

(Title of person signing)