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2015 JAH-2 PH 4: 92
SICRETARY OF STATE
JALLAHASSEE: FLORIDA

1)6/15

## **COVER LETTER**

TO: Amendment Section

Division of Corp	orations			
NAME OF CORPORATION: FSIA, INC				
DOCUMENT NUMI	BER: 593746701			
	of Amendment and fee are su	hmitted for filing		
Please return all corre	spondence concerning this man	tter to the following:		
	J. BAUMAN			
		Name of Contact Person	1	
	FSIA, INC			
		Firm/ Company		
	PO BOX 8134		-	
	<u> </u>	Address		
	CLEARWATER,			
		City/ State and Zip Code	e	
fsia	a@fsiainc.com			
	E-mail address: (to be us	ed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:		
To turbe moment	in concerning this matter, preas			
J. BAUMAN		at (727	) 585-0440 de & Daytime Telephone Number	
Name	of Contact Person	Area Co	de & 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 Status	□\$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			Address	
Amendment Section Division of Corporations		Amendment Section Division of Corporations		
P.O. Box 6327		Clifton	Clifton Building	
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301				

## Articles of Amendment to Articles of Incorporation of

FILED

FSIA, INC

2015 JAN - 2 PM 4: 02

(Name of Corporation as currently filed with the F	lorida Dept. of State) SECRETARY OF STATE TALL AHASSEE, FLORIDA
(Document Number of Corporation (in	
Pursuant to the provisions of section 607.1006, Florida Statutes, this atts Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation:	The row
name must be distinguishable and contain the word "corporation" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered," "professional association," or the abbreviation "	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address	ress in Florida, enter the name of the
Name of New Registered Agent N/A	
(Florida str	veet address)
New Registered Office Address: (City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar v  Signature of New Registered A	with and accept the obligations of the position.

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: $\underline{X}$ Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
() Change	D/P	LEONARD BAUMAN	PO BOX 8134
Add			CLEARWATER, FL 33758
Remove			
2) Change	Р	J. BAUMAN	PO BOX 8134
Add			CLEARWATER, FL 33758
Remove			
3) Change	<del></del>		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach (	ding or adding additional Arti additional sheets, if necessary).	(Be specific)
N/A	•	
	,	
	<del></del> -	
-		MAC
		1.11.0
. <u>If an an</u>	nendment provides for an exch	hange, reclassification, or cancellation of issued shares,
<u>provisi</u> (if	not applicable, indicate N/A)	endment if not contained in the amendment itself:
N/A	,, , , , , , , , , , , , , , , , , , , ,	

date this document was signed.		_, ii other than the
Effective date if applicable:	12/15/2014	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.	
	e approved by the shareholders through voting groups. The following statement d for 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	
by	(voting group)	
	(voting group)	
The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder	
Dated_12/1	5/2014	
Signature	y a director, president or other officer – if directors or officers have not been	<del></del>
(B	y a director, president or other officer – if directors or officers have not been	
	lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
·	J. BAUMAN	
	(Typed or printed name of person signing)	<del></del>
	PRESIDENT	
	(Title of person signing)	