P02 000022054

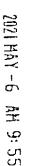
	(Requestor's Name)	
	(Address)	<u> </u>
	(Address)	
	(City/State/Zip/Phone #)	
PICK-U	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of S	tatus
Special Instructions	s to Filing Officer:	

Office Use Only



500363242215

05/08/21--01022--023 **52,50



COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: VERISTAT INFORMATION Services, Inc. DOCUMENT NUMBER: PD200022054
DOCUMENT NUMBER: PO200022054
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person Veristat Information Services Inc. Firm/ Company 2787 E. Oakland Park Blvd. #310 Address Fort Lauderdale Flz. 33004 City/ State and Zip Code Veristat @ hotmail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
LUANNE Justin at (954) 565-8140 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:
S35 Filing Fee S43.75 Filing Fee Scrifficate of Status Certificate of Status (Additional copy is enclosed) S43.75 Filing Fee S43.75 Filing Fee Scriffied Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation

Varistat Information	services Inc.	
(Name of Corporation as current	ly filed with the Florida Dept. of State)	
702000022054		
(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this ts Articles of Incorporation:	Florida Profit Corporation adopts the follo	owing amendment(s) to
A. If amending name, enter the new name of the corporation:		
α / μ		The new
name must be distinguishable and contain the word "corporation," ' "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must co	ntain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	NA	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	n) x	
D. If amending the registered agent and/or registered office add	dress in Florida, enter the name of the	2021 HAY -1
new registered agent and/or the new registered office address		
Name of New Registered Agent N		9
Name of New Registered Agent N		
1Florida y	street address) ,	<u>`</u>
New Registered Office Address: N	Florida	55
New Registered Office Address.	(City)	(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)

Example:

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 hold. 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.

X Change	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	<u>SV</u> <u>Sally Smith</u>	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	Address
1) Change	V rachael Chri	#310
Remove 2) Change		Fort Louderdak Fla. 33306
Add		
Remove 3) Change		
Add		
Remove 4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

(Attach ada	ig or adding additional Arti litional sheets, if necessary).	(Be specific)	<u></u> -		
<u> </u>					
• • • • • • • • • • • • • • • • • • • •					
		.	.		-
					· <u>-</u>
		•		•	
					
·					
				· -	
provisio	ndment provides for an exclusion of implementing the ament applicable, indicate N/A)	endment if not conta	ained in the amend	of issued shares, ment itself:	
,4 N					
			· · · · · · · · · · · · · · · · · · ·		<u></u> .

The date of each amendment(s) adoption: May 3, 2021 late this document was signed.	, if other than the
Effective date if applicable: MAY 3, 2021 (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 document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action action was not required.	and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	,
by Juanne C. Tusting group)	
Signatur (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	2021 Half - 6
(Typed or printed name of person signing)	e FIV
	55
President	
(Title of person signing)	