P02000026690

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	(Requestor's Name)
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	,
	(City/State/Zip/Phone #)
	(Only Conto 2 pr. 110 to 11)
PICK-U	P WAIT MAIL
_	
	(Business Entity Name)
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instruction	s to Filing Officer
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COVER LETTER

TO: Amendment Section

Division of Corp	porations			
NAME OF CORPO	RATION: Flex-Path,	Inc.		
	BER: P0200002669	0		
DOCUMENT NUM	BER: 1 0200002000			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	Rose M Klempne	r		
		Name of Contact Person	1	
	Flex-Path, Inc.			
		Firm/ Company		
	2070 Carpetgree	n Street		
		Address		
	Port Charlotte, Fl	_ 33948		
		City/ State and Zip Code	2	
fle	xpath@embarqma	il com	,	
		sed for future annual report	notification)	
	•	•	,	
For further information	on concerning this matter, pleas	se call:		
Rose Klemp	ner	at (941	, 235-1000	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made p	payable to the Florida Depa	artment 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)	
Ma	Mailing Address Street Address			
Am	nendment Section		lment Section	
Division of Corporations Division of Corporations Division of Corporations Clifton Building				
	P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Flex Path, Inc.		
• (Name of Corporation as currently filed P02000026690	l with the Florida Dept. of State)	
(Document Number of Co	orporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Stits Articles of Incorporation:	tatutes, this Florida Profit Corporation	on adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	oration:	
		The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the above	"Inc," or "Co". A professional con	
B. Enter new principal office address, if applicable:	P0(1)	-
(Principal office address <u>MUST BE A STREET ADDRI</u>	<u></u> _	To Co
		2 2 3
	<u> </u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SEL
		TO TO
		5.5
		<u> </u>
D. If amending the registered agent and/or registered new registered agent and/or the new registered off		e name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	Flo	orida
New Registered Office Address.	(City)	(Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I a		ations of the position.
Cignature of Man.	Registered Agent, if changing	
inguature of New .	rogaiereu agem, ij chunging	

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	<u>PT</u> <u>Joh</u>	nn Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	VP	Jeremy G Klempner	2070 Carpetgreen Street Port Charlotte, FL 33948
2) Change Add Remove			
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

If amending or adding a (attach additional sheets,	if necessary).	(Be specific)			
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If an amendment provid	es for an excha	inge, reclassification	n, or cancellation	n of issued shar	es,
provisions for implement (if not applicable, in	nting the amen	dment if not contai	ned in the amen	dment itself:	_
					·····
					
			<u></u>		

The date of each amendment(s)	adoption: 02/28/2012
	2/28/2012
, <u></u>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
by	(voting group)
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder
Dated May Signature	16, 2012 Port M 1/1/1
(By a selec	director, president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	Rose Klempner
	(Typed or printed name of person signing)
	President
	(Title of person signing)