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R. WHITE

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COVER LETTER

TO: Amendment Section Division of Corporations

Re NAME OF CORPORATION:	fund Systems, Inc.				
	0095560				
DOCUMENT NUMBER:	- <u></u>				
The enclosed Articles of Amendme	nt and fee are subm	itted for filing.			
Please return all correspondence co	ncerning this matter	to the following:			
Daniel S Wachs					
	(Name of Contact Pe	erson)		
Refund Systems, Inc.					
	<u> </u>	(Firm/ Company	·)		
449 Woldunn Circle					
		(Address)			
Lake Mary, FL 32746					
	(City/ State and Zip	Code)		
dwachs@refundsystems.com					
E-mail a	ddress: (to be used	for future annual rep	ort notification	n)	
For further information concerning	this matter, please c	all:			
Daniel S Wachs		at	407	688-2200	
(Name	of Contact Person)		(Area Code)	(Daytime Telephone	Number)
Enclosed is a check for the following	ng amount made pay	able to the Florida I	Department of	State:	
	3.75 Filing Fee & I rtificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certi s Certi (Add	50 Filing Fee ficate of Status fied Copy litional Copy is losed)	

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, F1, 32301

Articles of Amendment to Articles of Incorporation of

FILED .

17 NOV 17 AH II: 52 Y SEGRETARY OF LIMES TALLABADSHE FLORIDA

Refund Sytems, Inc	TALLAHAUSEL ALUAIDA		
(Name of Corporation as currently	filed with the Florida Dept. of State)		
(Document Number of C	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this FI its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to		
A. If amending name, enter the new name of the corporation:			
	The new		
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword" "Chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must contain the		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ss in Florida, enter the name of the		
Name of New Registered Agent			
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 w	ith and accept the obligations of the position.		
Signature of New Ro	rgistered 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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	VP	Carolyn A Wachs	449 Woldunn Circle
X Add			Lake Mary, FL 32746
Remove			
2) Change			_
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
		<u> </u>	
Add			
Remove			

E. If amending or adding additional Articles, ent (Attach additional sheets, if necessary). (Be spe	ecific)
<u> </u>	
F. If an amendment provides for an exchange, re	eclassification, or cancellation of issued shares,
provisions for implementing the amendment	if not contained in the amendment itself:
(if not applicable, indicate N/A)	rolyn A Wachs as joint tenants with right of survivorship.
Afficing stock ownership to Daniel 3 wachs and Car	totytt A vaens as john tenants with right of survivolants.

The date of each amendment(s) ad	option:	if other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amenament fite time)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date wil partment of State's records.	I not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) efficient for approval.	
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following statement 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	
S	` `	
оу	(voting group)	
action was not required. The amendment(s) was/were add	opted by the board of directors without shareholder action and shareholder	
action was not required.		
November Dated		
Dated		
Signature	(AW	<u>-</u>
(By a c	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
	Daniel S Wachs	
	(Typed or printed name of person signing)	,
	President	
	(Title of person signing)	