## P02000199861

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TABLEAHASSEE FLORINA

NOY (0.9.2015

T. LEIMEUX

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Comarch, Inc.			
DOCUMENT NUMB				
	f Amendment and fee are su	ibmitted for filing.		
Please return all corresp	oondence concerning this ma	tter to the following:		
	Agnieszka Raszewska			
_	Name of Contact Person			
•	Comarch, Inc.			
-	Firm/ Company			
•	9450 W. Bryn Mawr Ave, Suite 325			
_	Address			
1	Rosemont, IL 60018			
_		City/ State and Zip Code	e	
agnies	zka.raszewska@comarch.co	m		
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
Agnicszka Raszewska		at (at	260-5500 x 2110	
Name of	Contact Person	Area Code & Daytime Telephone Numb		
Enclosed is a check for	the following amount made	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)	
Amer Divis P.O. 1	ng Address Idment Section Idmon of Corporations Box 6327 Hassee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Comarch, Inc.	•
(Name of Corporation as cu	urrently filed with the Florida Dept. of State)
P02000099861	
(Document Nur	mber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporati	ion:
N/A	The new
	poration," "company," or "incorporated" or the abbreviation " or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	N/A
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
(mutting dutiess MAT DE A FOST OFFICE BOX)	
	SSS S
D. If amending the registered agent and/or registered office	ce address in Florida, enter the name of the
new registered agent and/or the new registered office a	
Name of New Registered Agent N/A	
(Flo	orida street address)
N/A	,
New Registered Office Address:	(City), Florida (Zip Code)
New Registered Agent's Signature, if changing Registered	
I hereby accept the appointment as registered agent. I am far	niliar 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)

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	PT Jol	hn <u>Doc</u>	
X Remove	<u>V</u> <u>Mi</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Darius Ner	9450 W. Bryn Mawr Ave
Add			Suite 325
X Remove			Rosemont, IL 60018
2) Change			
Add			
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional s	ding additional Article sheets, if necessary). (	s, enter change(s) h Be specific)	<u>iere</u> :		
N/A			•		
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F. If an amendment :	provides for an exchan	ge reclassification	or cancellation o	f issued shares	
provisions for im	plementing the amendi	ment if not containe	ed in the amendm	ent itself:	
(if not applica	ible, indicate N/A)		,		
	<del></del>				
			··-		
			<u></u>		

* 14	October 7, 2015	
The date of each amendment date this document was signed.	(s) adoption;	, if other than the
7200 11 1 10 11 11	October 7, 2015	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this date wie Department of State's records.	ll not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were by the shareholders was/we	e adopted by the shareholders. The number of votes east for the amendment(s) re sufficient for approval.	
	approved by the shareholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s):	٠
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
• — — — — — — — — — — — — — — — — — — —	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	•
Dated	11/4/2015	
Signature	11/4/2015 Agriculm Rusel	
	a director, president or other officer – if directors or officers have not been exted, by an incorporator – if in the hands of a receiver, trustee, or other court	
	pointed fiduciary by that fiduciary)	
	Agnicszka Raszewska	
	(Typed or printed name of person signing)	
	Secretary	
	(Title of person signing)	