

PD2000123712

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

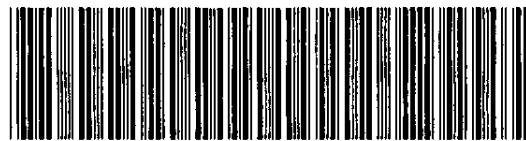
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300250956853

09/10/13--01014--022 **43.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 NOV -7 PM 21 42

Amend/Name
@ 11.7.13
CHS
CH8

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Business Information Technology Services Inc

DOCUMENT NUMBER: P 02000123712

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anna Lythoge

Name of Contact Person

Bits, Inc.

Firm/ Company

4025 Cattlemen Rd #147

Address

Sarasota FL 34233

City/ State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anna Lythgoe

Name of Contact Person

at (941) 244-5232

Area Code & 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

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, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 18, 2013

ANNA LYTHOGE
BUSINESS INFORMATION TECHNOLOGY SERVICES
4025 CATTLEMEN RD #147
SARASOTA, FL 34233

SUBJECT: BUSINESS INFORMATION TECHNOLOGY SERVICES, INC.
Ref. Number: P02000123712

We have received your document for BUSINESS INFORMATION TECHNOLOGY SERVICES, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L04000056576 - BITS, LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 813A00021917

RECEIVED
3 NOV -7 PM 2:07
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 NOV -7 PM 2:42

Business Information Technology Services, Inc

(Name of Corporation as currently filed with the Florida Dept. of State)

P 02000 123712

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

EXPERIENSYS, INC.

The new

name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

1489 Still Water Dr

Heber City UT 84032

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 in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

Anna Lythgoe

4025 Cattlemen Rd #147

(Florida street address)

New Registered Office Address:

Sarasota

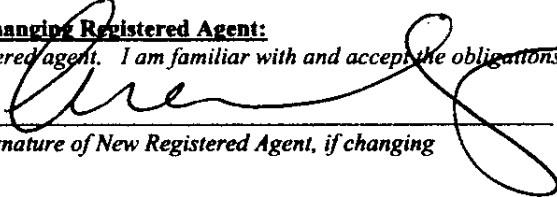
(City)

34233

(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

(Attach additional sheets, if necessary)

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.

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>

Title	Name
-------	------

Address

1) <u>Change</u>	<u>CEO</u>	<u>Mark Lythgoe</u>	<u>1489 Still Water Dr</u>
<u>X</u> Add			<u>Heber City, UT 84032</u>
Remove			

2) <u>Change</u>	<u>CFO</u>	<u>Anna Lythgoe</u>	<u>1489 Still Water Dr</u>
<u>X</u> Add			<u>Heber City, UT 84032</u>
<u>Remove</u>			

3) <input type="checkbox"/> Change	<u>S</u>	<u>Anna Lythgoe</u>	<u>3765 Eagle Hammock Dr</u>
<input type="checkbox"/> Add			<u>Sarasota FL 34240</u>
<input checked="" type="checkbox"/> Remove			

4) <input type="checkbox"/> Change	<u>P</u>	<u>Mark Lythgoe</u>	<u>3765 Eagle Hammock Dr</u>
<input type="checkbox"/> Add			<u>Sarasota FL 34240</u>
<input checked="" type="checkbox"/> Remove			

5) Change

Add

Remove

6) _____ Change _____
 _____ Add _____
 Remove _____

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

[illegible]

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: 9/1/2013, if other than the date this document was signed.

Effective date if applicable: 9/1/2013
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☒ 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):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____."
(voting group)

- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 9/1/2013

Signature _____

(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)

Anna Lythgoe

(Typed or printed name of person signing)

CFO

(Title of person signing)