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COVER LETTER

TO: Amendment Section Division of Corporation	ions		
NAME OF CORPORAT	TION: IT'S	ECLEC	ITIC INC
DOCUMENT NUMBER	: <u>P03000</u>	017801	
The enclosed Articles of A	Imendment and fee are su	bmitted for filing.	
Please return all correspor	ndence concerning this mat	tter to the following:	
	There	sa Kloke)
	I+'S	Name of Contact Person	Jnc
	10075	Firm/Company Gate Var/Ki	Jay 1) #22-10
	Jackson	Address VIIIC FL 3	2246
	, ,	City/ State and Zip Code	
	TK10160 @ (COMCast . 1	vet
	E-mail address: (to be us	sed for future annual report n	otification)
For further information co	ncerning this matter, pleas	se call:	
Theresa	KluKo	at (904	, 304 9270
Name of C	Contact Person	Area Cod	e & Daytime Telephone Number
Enclosed is a check for the	e following amount made	payable to the Florida Depar	tment 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)
	Address	Street A	
	nent Section		nent Section
Division of Corporations P.O. Box 6327		Division Clifton I	of Corporations Building
	ssee, FL 32314		ecutive Center Circle

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment FH ED **Articles of Incorporation** (Name of Corporation as currently filed with the Florida Dept. of State) (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: 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) 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 (Florida street address) New Registered Office Address: (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)

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.

X Change	PT John D) oe	
X Remove	<u>V</u> <u>Mike</u> J	lones	
X Add	SV Sally S	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change		<u> </u>	
Add ·			
Remove			
2) Change		NIA	
Add			
Remove		.) [1]	
3) Change		<u>VIVT</u>	
Add			
Remove		1	
4) Change		NIA	-
Add			***************************************
Remove) (1	
5) Change		WIA	
Add			•
Remove			
6)Change		NIA	····
Add			
Remove			

(Attach	additional sheets, if necessary).	(Be specific)	<u>ere</u> :	
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16				. J .b
provi	imendment provides for an excha isions for implementing the amend	inge, rectassification, Iment if not contains	<u>or cancentation or issu</u> d in the amendment i	tself:
(if not applicable, indicate N/A)			
<u> </u>	n X I.A			
(10/14			
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The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: (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	
(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)	
Theresa D. Kloko	
(Typed or printed name of person signing)	
President and (50)	

(Title of person signing)