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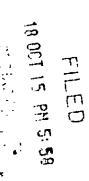
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Suncoast Technical Support Services Inc.
DOCUMENT NUMBER: PO 30000 64232
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Anthony Richardson Name of Contact Person Suncoast Technical Support Services Inc. Firm/ Company Lo861 Tapestry Park Lane, # 303 Address Tappa FL 33625 City/ State and Zip Code
Capples Mowal Not Mail, Com Elmail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Anthony Ric Navason at (9144) 779-6878 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

Tallahassee, FL 32314

Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

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Sunconst Technical Suppo		vegrpa	inst	ed
(Name of Corporation as currently	filed with the Florida Dept. of State)			
PO 30000 64232				
(Document Number of C	Corporation (if known)			
Pursuant to the provisions of section 607,1006. Florida Statutes, this Fl its Articles of Incorporation:	lorida Profit Corporation adopts the fo	llowing amen	dment((s) to
A. If amending name, enter the new name of the corporation:				
nla		The	HØW'	
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	the abbrevia	tion	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	<u>nla</u>		_	
	-		<u>=</u>	
C. Enter new mailing address, if applicable:	n		<u>ದ</u>	T
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	100	<u> </u>	<u></u>	
		<u> </u>		ना
		21	rù T	
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	-	ည္။	
Name of New Registered Agent	la			
THE OF THE SERVICE THE CONTROL OF TH				
(Florida stree	I address)			
<u>New Registered Office Address</u> :(C	, Florida ?ity)	(Zip Code)	_	
		-		
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit	th and accept the obligations of the pos	ition.		
<u> </u>	vistered Avent, if changing			
Signature of New Res	eistered 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 = ChiefExecutive 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		Lee Eisenberg	7019 Rangelo St.
Add		v	Englewood, FL 34224
2) Change	\bigvee	Douglas Richardson	Deceased
Add Remove		O	
3) Change		_	
Add			
4) Change			
Add Remove			
5) Change			
Add			
Remove			
6) Change Add		_	
Remove			

	(Be specific)
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	rua
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<u>.</u>	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
f an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself:
provisions for implementing the amer	ndment if not contained in the amendment itself:
provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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The date of each amendment(s) adoption: date this document was signed.	nla	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment fil	'e date)
Note: If the date inserted in this block does r document's effective date on the Department of		rements, this date will not be listed as the
Adoption of Amendment(s) (CE	HECK ONE)	
☑ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a continuous sufficien		he amendment(s)
☐ The amendment(s) was/were approved by th must be separately provided for each voting	te shareholders through voting groups. The forgroup entitled to vote separately on the ame	
"The number of votes cast for the ame	ndment(s) was/were sufficient for approval	
by(vo.	ting group)	
☐ The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action	and shareholder
☐ The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder action and	shareholder
selected, by an ind appointed fiduciar	sident or other officer – if directors or officers orporator – if in the hands of a receiver, truste	
D	(Title of person signing)	