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(Ad	ldress)	
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COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: South Atlantic Systems Group, Inc. 3 DOCUMENT NUMBER: P\$3\$\$\$ 82983
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mark Teixeira Name of Contact Person South Atlantic Systems Group, The Firm/ Company 8647 Bay pine PD. Suite 200 Address Juk South Fr. 32256 City/ State and Zip Code M teixeira @ Southatlantic Systems. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (904) 733 - 7200 et / / / / / / Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Articles of Amendment to Articles of Incorporation



P d 3 d d d d 82 983

(Document Number of Corporation (if known)

A. If amending name, enter the new name of the corporation:	771
came must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain to
B. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)	NA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA
	lress in Florida, enter the name of the
new registered agent and/or the new registered office addres	<u>ss:</u>
	<u>ss:</u>
Name of New Registered Agent Name of New Registered Agent	treet address), Florida
Name of New Registered Agent (Florida st	treet address)
Name of New Registered Agent (Florida st	treet address), Florida (City) (Zip Code)

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:	эче, ини запу знин	i, Sr us un Auu.	
X Change	PT John I	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones .	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	D,T	MOHRMAN, PAUL J	JACKSONVILLE, FL 3025
Add			JACKSONVILLE, FL 3025
Remove	-		
2) Change			
Add			
Remove			
3) Change			P
Add			<u> </u>
Remove			
4) Change	···		
Add	·		
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Damova			

If amending or adding additional Art (Attach additional sheets, if necessary).	(Be specific)		
NA			
N/A			
			
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		- · · · · · · · · · · · · · · · · · · ·	
			
		- 1	
If an amendment provides for an exch	ange, reclassification, or cancellat	ion of issued shares,	
provisions for implementing the ame (if not applicable, indicate N/A)	idment if not contained in the ame	endment itself:	
(ly not applicable, malcule N/A)			
N/A			
			
<u> </u>			-
			

The date of each amendment(s) adoption:	9/16/2016	, if other than th
date this document was signed.	1. 1	
Effective date if applicable:	(no more than 90 days after amendment fi	N
	(no more than 90 days after amendment fi	le date)
Note: If the date inserted in this block does n document's effective date on the Department of		irements, this date will not be listed as th
Adoption of Amendment(s) (CH	IECK ONE)	
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a	shareholders. The number of votes cast for approval.	the amendment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting	te shareholders through voting groups. The forgeroup entitled to vote separately on the amount	
	ndment(s) was/were sufficient for approval	
by(voi	.11	ı.
(voi	ting group)	
☐ The amendment(s) was/were adopted by the action was not required.		n and shareholder
☐ The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder action and	1 shareholder
Dated 11 16 201	6	
Signature_ Wann	me	
(By a director, pres	sident or other officer - if directors or officer	
selected, by an inco appointed fiduciary	orporator – if in the hands of a receiver, trust y by that fiduciary)	ee, or other court
Ma	(Typed or printed name of person signing)	
P	resident (Title of person signing)	