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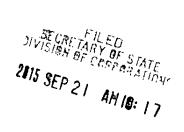
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORI	PORATION: Visual Awareness	Technologies and Consulti	ing Inc.
DOCUMENT NU	D02000000010		
The enclosed Artic	cles of Amendment and fee are so	ubmitted for filing.	
Please return all co	orrespondence concerning this ma	atter to the following:	
	Kim Hardman		
		Name of Contact Perso	n
	Visual Awareness Technolog	gies and Consulting Inc.	
		Firm/ Company	
	3611 W. Swann Ave		
	, , , , , , , , , , , , , , , , , , ,	Address	
	Tampa, FL 33609		
		City/ State and Zip Cod	e
kł	nardman@vateine.com		
		sed for future annual report	notification)
			,
For further informa	ation concerning this matter, pleas	se call:	
Kim Hardman		at (642-6635
Nar	me of Contact Person	Area Co	de & Daytime Telephone Number
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)
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

Articles of Amendment to Articles of Incorporation of



Visual Awareness Technologies and Consulting INC.

	f Corporation as curre	ntly filed with the Florida Dept. of State)		
P03000092710				
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607. ts Articles of Incorporation:	1006, Florida Statutes, th	is Florida Profit Corporation adopts the following amendment(s)		
A. If amending name, enter the new na	me of the corporation:			
Not Applicable		The new		
	ation "Corp " "Inc," or	tion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."		
B. Enter new principal office address, if applicable:		Not Applicable		
Principal office address <u>MUST BE A ST</u>		Not Applicable		
		Not Applicable		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Not Applicable		
		Not Applicable		
		Not Applicable		
D. If amending the registered agent and				
new registered agent and/or the new				
new registered agent and/or the new	Not Applicable			
new registered agent and/or the new	Not Applicable Not Applicable			
new registered agent and/or the new	Not Applicable	street address)		
new registered agent and/or the new Name of New Registered Agent	Not Applicable	street address) Not Applicable , Florida		

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	<u>PT</u>	John Do	<u>e</u>			
X Remove	<u>V</u>	Mike Jor	<u>nes</u>			
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>		Name		<u>Addres</u> s	
1) X Change	P/CEO	_	Sara E. Moola		······································	
Add						_
Remove						
2) X Change	<u>COO</u>	_	Robert M. Vaughn	, ,		
Add						
Remove					<u> </u>	
3) Change	N/A		N/A			
Add						
Remove						
4) Change	N/A		N/A			
Add						
Remove						
5) Change	N/A	_	N/A			
Add						
Remove						
6) Change	N/A		N/A			
Add		-		-		
Remove						

E. <u>If amending or adding additional Art</u> (Attach additional sheets, if necessary).	(Be specific)
Please note, that the only changes are the	listed title changes.
	10 Pro
5. If an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
N/A	
·	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	•	
	7/17/2015	
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 50 days after amenament fite date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date will Department of State's records.	I not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
☐ The amendment(s) was/were a must be separately provided	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by		
•	(voting group)	
action was not required.	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	
action was not required.	adopted by the mediporators without shareholder action and shareholder	
9/17/201 Dated	5	
Signature	Sara (Mools)	
selec	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	Sara E. Moola	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	-