## B300/3/5/8

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PICK-UP WAIT MAIL	
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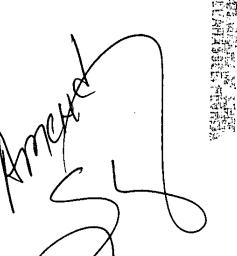
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## **COVER LETTER**

Division of Corporations
NAME OF CORPORATION: XCTIQ-TECH, FNC
DOCUMENT NUMBER: <u>P03000131518</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Tammy Lynn Davis Name of Contact Person
Xeria-Tech Firm/Company
6727 S. Merleing Loop
Floral City Fl 34436 City/State and Zip Code
Havis 34667 @ Jaho Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:  SAMP at (727) 919-972 2  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:
S43.75 Filing Fee & Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314  2661 Executive Center Circle

Tallahassee, FL 32301

## 2010MAY 10 PMR: 20 Articles of Amendment **Articles of Incorporation** 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: 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: New Registered Office Address: (Florida street address) Florida (City) (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)

Provided Mark Davis	Address SAML	Type of Action  Add Remove
		☐ Add☐ Remove
E. If amending or adding additional Articles, entre (attach additional sheets, if necessary). (Be spe	er change(s) here: cific)	
F. If an amendment provides for an exchange, reprovisions for implementing the amendment (if not applicable, indicate N/A)	eclassification, or cancellation if not contained in the amend	n of issued shares, Iment itself:

The date of each amendment(	s) adoption:	5	7	2010
•		adoption is required)		- <del> </del>
Effective date if applicable:				
• • • •	(no more than 90 days afte	r amendment file date)		
Adoption of Amendment(s)	(CHECK ON	7\		
/ Adoption of Amendment(s)	(CHECK ON	<u>v</u>		
The amendment(s) was/wer by the shareholders was/we		ers. The number of votes	cast fo	or the amendment(s)
The amendment(s) was/wer must be separately provided				
"The number of votes of	ast for the amendment(s) w	as/were sufficient for app	roval	
by <u>President</u> . Mark Davis	+ Officer Ta	mmylyw."		
The amendment(s) was/wer action was not required.	e adopted by the board of d	irectors without sharehold	ler act	ion and shareholder
The amendment(s) was/wer action was not required.	e adopted by the incorporat	ors without shareholder a	ction a	and shareholder
Dated	5/7/2010			
sélec	a director, president of other cted, by an incorporator – if inted fiduciary by that fidu	in the hands of a receiver		
	Tammy y (Typed) or prin	ted name of person signin	g)	<del></del>
	(Title of person sig	uning)		