| <u></u>   |  |
|---|--|
| PAQO.   | 011 552  |
| (Requestor's Name)<br>(Address)<br>(Address)                                    | 000336031270   |
| (City/State/Zip/Phone #)  |  |
| (Business Entity Name)<br>(Document Number)                                     | 11/04/1901099019 ++49.75<br>≶∽ <b>C</b>                                      |
| Certified Copies Certificates of Status Special Instructions to Filing Officer: | FILED<br>2020 JAN -7 PHI2: 28<br>SECRE VARY D'STATE<br>VALLANASSE FUR LURIDA |
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| Office Use Only   | Mamethy  |
|   | JAN () 7 2020  |

JAN () 7 ZOZU I ALBRITTON :

## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ONSLIE COMPLET Sales & Service, Inc. DOCUMENT NUMBER: <u>PO400011553</u>

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

| ODHER NOUSEEM  |
|--|
| Mame of Contact Person   |
| Firm/ Coreptny   |
| 910 Sand Lake Rd Surk 15   |
| Altamonte Springs, EL 39714  |
| ATU <u>ONSYTE COMPUTER</u> COM<br>E-mail address: (to be used for future annual report notification) |

For further information concerning this matter, picase call:

st (401) 389-1670 Area Code & Daytime Telepione Number Name of Contact Person

Enclosed is a check for the following amount made payable to the Florida Department of State:

□ \$35 Filing Fee

□\$43.75 Filing Fee & Certificate of Status

🕅 543.75 Filing Fee & Certified Copy (Additional copy is enclosed)

□\$52.50 Filling Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailine Adoress 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 Tellahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 4, 2019

OMER NASEEM 910 SAND LAKE ROAD STE. 15 ALTAMONTE SPRINGS, FL 32714

SUBJECT: ONSYTE COMPUTER SALES & SERVICE, INC. Ref. Number: P04000011552

We have received your document for ONSYTE COMPUTER SALES & SERVICE, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 319A00024574

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| Articles of Articles of Articles of Articles of Articles of Inc.<br>Articles of Inc.<br>of<br><u>ONSYTE COMPUTER SALES &amp; S</u><br>(Neme of Corporation as carrenth<br>(Neme of Corporation as carrenth   |   |
|--|---|
| UIDUTE CITIDUTE COMMENTS OF Section 607, 1006, Floride Statutes, this A<br>'its Articles of Incorporation:   | Corporation (if known)                                |
| A. <u>If amending name, enter the new name of the corporation</u> :<br><u>CONSORTYO</u> NETWORKS AN<br>name must be distinguishable and contain the word "corporation<br>"Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co<br>word "chartered," "professional association," or the abbreviation " | Co". A professional corporation name must contain the |
| B. <u>Enter new principal office address, if applicable:</u><br>(Principal office address <u>MUST BE A STREET ADDRESS</u> )  | ~ · · · · · · · · · · · · · · · ·                     |
| C. Eater new mailing address, if applicable:<br>(Mailing address <u>MAY BE A POST OFFICE BOX</u> )   | FILED   |
| D. If amonding the registered agent and/or registered office addr<br>new registered agent and/or the new registered office address:  |   |
| Name of New Registered Agent   | ······································                |
| (Plarida sure<br>New Registered Office Address:  | er serbous)<br>                                       |
|  |   |

<u>New Registered Agent's Signature, if changing Registered Agent:</u> I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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-----Signature of New Registered Agent, if changing

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Page 1 of 4

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)

Example:

...

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 Emancial 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                      | 31         | John Doe    |  |
|-------------------------------|------------|-------------|--|
| X Remove                      | <u>v</u>   | Sfike Jones |  |
| X Add                         | <u>sv</u>  | Sally Smith |  |
| Type of Action<br>(Check One) | Tille      | Neine       | Addines  |
| I) Change                     |            |             |  |
| Ada                           |            |             |  |
| Remove                        |            |             |  |
| 2) Change                     |            | <u> </u>    |  |
| Add                           |            |             |  |
| Remove                        |            |             |  |
| 3) Change                     |            |             | ·······  |
| Add                           |            |             |  |
| Remove                        |            |             | ···· ··· ··· ··· ··· ··· ··· ··· ··· ·   |
| 4) Change                     | - <b>-</b> |             |  |
| Add                           |            |             |  |
| Remove                        |            |             |  |
| 5) Change                     |            |             | , millio (mile manage a mana taman ana a tama mitafa (ma manakata d <b>ar</b> ish fa |
| Add                           |            |             | <u> </u>   |
| Remove                        |            |             | an baanna a barrata an taran an a                   |
| 6) Change                     |            |             |  |
| Aud                           |            |             |  |
| Remove                        |            |             | . Fight Antiber 20. In the way ages, where you and an owner the state                |

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To Irene Florida Department of State Divisio Page 5 of 5, 2020-01-07, 15 02:23 (GMT)

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| . If amending or adding additional Articles, enter change(s) here:<br>(Attach additional sheets, if necessary). (Be specific) |                                      |   |  |
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| If an amondment pro-  | vides for an exchange, reclassificat | ion, or cancelistion of itser                               | al above                               |
| provisions for implei   | menting the amendment if not cont    | ained in the amendment its                                  | elf:                                   |
| (if not applicable,   | indicate N(A)                        |   |  |
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| date this document was signed.  | doption:, if other thm  |
|---|---|
| Effective date if applicable:   |   |
|   | (no more than 90 days after amendment file daw)   |
| Note: If the date inserted in this h<br>document's effective date on the De | slock does not meet the applicable statutory filing requirements, this date will not be listed as apertment of Stats's records.   |
| Adoption of Assendment(s)   | (CHECK ONE)   |
| The enterdment(s) was/were add<br>by the shareholders was/were su           | opted by the shareholders. The number of votes east for the amendment(s) afficient for approval.  |
| The smershment(s) was/wore spp<br>must be reparately provided for           | proved by the charcinolders through voting groups. The following stationent<br>each wring group entitled to vote separately on the amendment(s):  |
| "The number of votes cast   | for the amendment(s) was/were sufficient for approval   |
| by  | (tohng group)   |
|   | (voling group)  |
| The amendment(s) was/were add<br>action was not required.                   | opted by the board of directors without shareholder action and shareholder  |
| The amendment(a) was/ware add<br>action was not required.                   | opted by the incorporators without shareholder action and shareholder   |
|   |   |
| Dated 1/  | 42020   |
| Signature   | 1/2020  |
| Signature(By a d<br>science   | lirector, president or other officer - if directors or officers have not been<br>ed, by an incorporator - if in the hands of a receiver, crustee, or other court<br>ated fiduciary by that fiduciary) |

President (Title of person signing)

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