P04000069095

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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Moore Data Solutions, Inc. DOCUMENT NUMBER: P04000069095 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Dewey L. Kicklighter Name of Contact Person Moore Data Solutions, Inc. Firm/ Company 544 John Street Address Lake Helen, FL 32744 City/ State and Zip Code larry@mooredata.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (407) 463-0676
Area Code & Daytime Telephone Number Dewey L. Kicklighter Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐\$52.50 Filing Fee □\$43.75 Filing Fee & S35 Filing Fee ☐\$43.75 Filing Fee & Certificate of Status Certified Copy 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

(Additional Copy is enclosed)

Articles of Amendment to Articles of Incorporation of

Moore Data Solutions, Inc.		
(Name of Corporation	on as currently filed with the F	lorida Dept. of State)
P04000069095		
(Docum	nent Number of Corporation (if k	nown)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this <i>Florida Profit Con</i>	rporation adopts the following amendment(s)
A. If amending name, enter the new name of the co	orporation:	
	· · · · · · · · · · · · · · · · · · ·	77
name must he distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc.," "chartered," "professional association," or the abbre	" or "Co". A professional con	The _ new orporated" or the abbreviation "Corp.," rporation name must contain the word
B. Enter new principal office address, if applicable Principal office address <u>MUST BE A STREET ADD</u>		·
	 -	
C. Enter new mailing address, if applicable:		57
(Mailing address MAY BE A POST OFFICE BO.	<u>N</u>)	
		
		~ ⁻
 If amending the registered agent and/or register new registered agent and/or the new registered of 		tter the name of the
-		
Name of New Registered Agent		
	(Florida street address)	
	(many six of history	
New Registered Office Address:	(City)	Florida(Zip Code)
	(Ciù)	(Zīp Code)
New Registered Agent's Signature, if changing Regit hereby accept the appointment as registered agent.		abligations of the position
nevery accept the approximent as registered agent.	i am jamuar wan ana accept ine	tonigations of the position.
Signa	ture of New Registered Agent, if	changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 Doe	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
(Check One)	Þ	Barry W. Church	3161 McEwan View Circle
1) Change			Orlando, FL 32812
Add X Remove			
Z) Change	þ	Dewey L. Kicklighter	544 John Street
Add			Lake Helen, FL 32744
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			1
6) Change			
Add			
Remove			

Comment and the control of the contr	ticles, enter change(s) here: (Be specific)
A	
 	
	-
	
-	
-	
	
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
(if not applicable in lines WA)	endment if not contained in the amendment itself:
ca noi annacable maicale ista)	
(if not applicable, indicate N/A)	
•	
•	
•	
• • • •	
•	
(ij noi applicanie, maicaie ivia)	
•	
•	
•	
•	

•	06/01/2020	
The date of each amendmen	11(3) 240/21011	if other than the
date this document was signed	a. - 06/01/2020	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in document's effective date on t	this block does not meet the applicable statutory filing requirements, this date will not the Department of State's records.	be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/we action was not required.	ere adopted by the incorporators, or board of directors without shareholder action and sha	reholder
☐ The amendment(s) was/we by the shareholders was/w	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.	
☐ The amendment(s) was/we must be separately provide	ere approved by the shareholders through voting groups. The following statement led for each voting group entitled to vote separately on the amendment(s):	
	es cast for the amendment(s) was/were sufficient for approval	
by	··	
, <u> </u>	(voting group)	
11/04 Dated	4/2020	
Signature _	filleller	
(I s	By a director, president or other officer – if directors or officers have not been selected by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	Dewey L. Kicklighter	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	