P04000115673

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





600211661726

09/02/11--01018--027 **52.50

SECRETARY OF STATE

FILED

Amend

1Brawn 9-20-11

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: N2 Services, I	nc.		
DOCUMENT NUM	BER: P04000115673			
The enclosed Article	s of Amendment and fee are sub	mitted for	filing.	
Please return all corr	espondence concerning this matt	er to the fo	ollowing:	
	Neminatha		. I <i>I</i>	
	(Name of	Contact Po	erson)	
	N2 Se	ervices, l	nc	
	(Firm	/ Company	<i>i</i>)	
	5868 Bru	ısh Hollo	w Rd	
 	(A	ddress)		
	Jacksonv	ville. FL 3	32258	
	(City/ Stat			
	nemi@ne	minatha	n.com	
	E-mail address: (to be used	for future	annual report notifi	cation)
For further information	on concerning this matter, please	call:		
Neminathan Amn	naiyappan	at (703) 582917	' 5
	of Contact Person)		(Area Code & Dayt	ime Telephone Number)
Enclosed is a check f	or the following amount made pa	ayable to t	he Florida Departme	nt of State:
□ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	Certifi	.75 Filing Fee & ed Copy ional copy is sed)	☑ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314		Amendment Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle



September 8, 2011

NAMINATHAN AMMAIYAPPAN N2 SERVICES, INC. 5868 BRUSH HOLLOW RD JACKSONVILLE, FL 32258

SUBJECT: N2 SERVICES, INC. Ref. Number: P04000115673

We have received your document for N2 SERVICES, INC. and your check(s) totaling \$52.50. 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.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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) 245-6925.

Teresa Brown Regulatory Specialist II

Letter Number: 311A00020888

Articles of Amendment to

	Articles of Incorporatio	on 🔑 🙈 👝
	of	20 1 Km
N2 SEF	2VICES, INC	la Dept. of State CAE ARY OF STATE ORIO
(Name of Corporation as curr	ently filed with the Florid	la Dept. of State
Pour	1111172	CLAHASAY OU G: OS
(Dogument Nur	wher of Corporation (if kno	SEE FISTALE
(Document Nut	ilber of Corporation (if kno	ORIO,
		Clorida Profit Corporation adopts the follow
If amending name, enter the new name o	f the corporation:	
		The new
me must be distinguishable and contain breviation "Corp.," "Inc.," or Co.," or the me must contain the word "chartered," "pro	e designation "Corp," "Inc	c," or "Co". A professional corporation
Enter new principal office address, if app	olicable:	
rincipal office address MUST BE A STREE		
		
Enter new mailing address, if applicable	::	
(Mailing address MAY BE A POST OFFI		
		
If amending the registered agent and/or i	registered office address i	in Florida, enter the name of the
new registered agent and/or the new regi	stered office address:	
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:	(Florida street a	address)
		, Florida
	(City)	(Zip Code)
	(= 17)	/X
w Registered Agent's Signature, if changi		
ereby accept the appointment as registered a	agent. I am familiar with a	and accept the obligations of the position.
	•	
	·	

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>C F o</u>	<u>PASMOHAN PALANINAT</u> ,	HAN 30387 Pennington Lane NOVI, MI 48377	Add Remove Remove Add Remove Add Remove Remove Remove Add Remove Remove
<u>CEO</u>	KIRAN LODITHALA	1720 cone flower way Sumance, GA 30024	☐ Add ☑ Remove
,	·		☐ Add ☐ Remove
	nding or adding additional Articles, enter additional sheets, if necessary). (Be speci		
provis	mendment provides for an exchange, recions for implementing the amendment if not applicable, indicate N/A)		
			<u></u>

The date of each amendment(s	adoption: 8/28/2011	
Effective date <u>if applicable</u> :	(date of adoption is required) 9 29 20 1 no more than 90 days after amendment file date)	
,	10 more than 90 days after amenament file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendmen sufficient for approval.	t(s)
	approved by the shareholders through voting groups. The following states for each voting group entitled to vote separately on the amendment(s):	nen
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		
(1	oting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and sharehol	der
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
Dated 3	22/2011	
Signature	22/2011 A: M====================================	
select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other courted fiduciary by that fiduciary)	t
	NEMINATHAN AMMAIYAPPAN (Typed or printed name of person signing)	
	Founded/Incorporator (Title of person signing)	