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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	TON: ZAP\$ Technocrats	s, Inc.	
DOCUMENT NUMBER			
The enclosed Articles of A	Amendment and fee are sul	bmitted for filing.	
Please return all correspor	ndence concerning this ma	tter to the following:	
Zal	far Abid		
		Name of Contact Person	r
ZA	PS Technocrats, Inc.		
	······································	Firm/ Company	
545	Metro Place South, Suite	100	
		Address	
Du	blin, OH 43017		
_		City/ State and Zip Code	:
zafar.abio	l@zapstechnocrats.com		
	E-mail address: (to be us	ed for future annual report	notification)
For further information co	oncerning this matter, pleas		908-5861
Name of C	ontact Person	Area Coo) 908-5861 le & Daytime Telephone Number
Enclosed is a check for the	c following amount made	payable to the Florida Depa	
S35 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)
Amendi Division P.O. Bo	nent Section of Corporations x 6327 ssee, FL 32314	Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

ZAPS Technocrats, Inc.	
(Name of Corporation as currently	filed with the Florida Dept. of State)
P04000118331	
(Document Number of Control (D	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Fits Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Columbus Technology Solutions, Inc.	The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A "chartered," "professional association," or the abbreviation "P.A."	mpany," or "incorporated" or the abbreviation "Corp.,"
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: 	ss in Florida, enter the name of the
Name of New Registered Agent	
(Florida stree	et address)
New Registered Office Address:	, Florida
(6	Tity) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	
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: Name of New Registered Agent (Florida street New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	ess in Florida, enter the name of the et address) City) City (Zip Code)

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> <u>John</u>	John Doe		
X Remove	<u>V</u> <u>Mik</u>	Mike Jones		
X Add	<u>SV</u> <u>Sally</u>	y Smith		
Type of Action (Check One)	Title	Name	<u>Addres</u> s	
1) Change	Pres. Co	Zerqa Z Abid	5638 Weston Trail Drive	
Add			Hilliard, OH 43026	
X Remove				
2) X Change	Founder	Zafar Abid		
Add				
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add			-	
Remove				
		Page 2 of 4		
E. <u>If amending or add</u> (Attach additional s	ding additional a heets, if necessar	Articles, enter change(s) here: y). (Be specific)		

				
				
	<u> </u>			
	.		ar v de de Bellean	
provisions for implementing (if not applicable, indica	te N/A)			
	•			_
			. 4.4 +1/-	
				
				
- ·				
		Page 3 of 4		
The date of each amendment(s)	adontion			if other than
ate this document was signed.		· · · · · · · · · · · · · · · · · · ·		, it outer than
ffective date <u>if applicable</u> :	1/02/2020			
посите часе и аррисавле:	(no r	nore than 90 days afte	er amendment file date)	

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	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)
☐ The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated_01/02/20	020
Signature 3	rfarabid
(By a 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 binted fiduciary by that fiduciary)
	Zafar Abid
	(Typed or printed name of person signing)
	CEO
	(Title of person signing)