## P0500034562

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: SERVICE AND TECHNOLOGY NETWORK SOLUTIONS. I
DOCUMENT NUMBER: P050000 34562
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
DAVID PERDUE  Name of Contact Person
SEWICE AND TECHNOLOGY NETWORK SOLUTIONS INC.
9288 SW 38Th AVE
OCALA TO 3447 Le  City/ State and Zip Code
DPFRDUE 1959 @ YAHOO . COM - E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
DAVID PERDUE at (352) 274 668 9  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:
\$35 Filing Fee Certificate of Status  \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee & 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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

APA CYTL

## Articles of Amendment to Articles of Incorporation of

15 JUL 13 AM 10: 49

<b>—</b>	of	,	Stoheman On come	 i⊑ ,
SELVICE AND	TECHNOLOGY		SOCOTION!	EUC.
(Name of Corporation as cu	rrently filed with the Flo	rida Dept. of State)		
P05000034562	_			
(Document N	umber of Corporation (if k	(nown)		
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	6, Florida Statutes, this <i>Fl</i>	lorida Profit Corporation	adopts the following amen	dment(s) t
A. If amending name, enter the new name	of the corporation:			
				new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association	on "Corp." "Inc," or "Co	o". A professional corp	rporated" or the abbrevia oration name must contain	tion the
B. Enter new principal office address, if a (Principal office address MUST BE A STRI			<del> </del>	
			<del> </del>	
			· · · · · · · · · · · · · · · · · · ·	
C. Enter new mailing address, if applicab				
(Mailing address <u>MAY BE A POST OF</u>	FICE BUX)			
		<del></del>		
D. If amending the registered agent and/o new registered agent and/or the new re		ss in Florida, enter the r	name of the	
Name of New Registered Agent			<del>.</del>	
<del>-</del>	(Florida stree	et address)	_	
New Registered Office Address:		, Flori	da	
	(City)		(Zip Code)	
	•			
New Registered Agent's Signature, if char I hereby accept the appointment as registere	nging Registered Agent: d agent. I am familiar wi	ith and accept the obligat	ions of the position.	
Signa	ture of New Registered Ag	gent, 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)

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> Jo	ohn Doe	
X Remove	<u>V</u> <u>M</u>	like Jones	
X Add	<u>sv</u> <u>s</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	16	Nicholas GreaterE	1842 MOCIADOC CI TMINHASSEL, FL
Add Remove		•	32303
2) Change			
Add			
Remove			
3) Change		M-1	
Add			
4) Change			
Add			
Remove			
5) Change	<del></del>		
Add Remove			
6) Change			
Add			
Remove			

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
· · · · · · · · · · · · · · · · · · ·		
		•
I 6	hange, reclassification, or cancellation of issued shares,	
provisions for implementing the ame	endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
	,	
	A STATE OF THE STA	

The date of each amendment(s) adoption:  date this document was signed.	13/15 15 JUL 13 14 15:01 19 than the
Effective date if applicable:	SEONE HELL OF SHAFE re than 90 days after amendment file dat MUAHASSEE. FLORIDA
(no mo	re than 90 days after amendment file date much 1900 at 1900 and 1900 and 1900 at 1900
Adoption of Amendment(s) (CHECK O	NE)
The amendment(s) was/were adopted by the sharehole by the shareholders was/were sufficient for approval.	ders. The number of votes cast for the amendment(s)
The amendment(s) was/were approved by the shareho must be separately provided for each voting group ea	lders through voting groups. The following statement nittled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s	) was/were sufficient for approval
by(voting grou	"
(voting grou	p)
The amendment(s) was/were adopted by the board of action was not required.	directors without shareholder action and shareholder
The amendment(s) was/were adopted by the incorporation was not required.	ators without shareholder action and shareholder
action was not required.  Dated 113	
Signature	
	other officer — if directors or officers have not been — if in the hands of a receiver, trustee, or other court iduciary)
Nictou	AS GEAGE  yped or printed name of person signing)
V.P.	
Dand to	(Title of person signing)  Luc Oweden / Pers.
David Per	due Oweden /Pres.