P05 0000 66175

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

Amend

DEC 1 A 2019

I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO | DRATION: INFORMATION | TECHNOLOGY SOLUTION | ONS GROUP. INC. | | |
|--|--|---|--|--|--|
| DOCUMENT NUM | P05000066175 | | | | |
| The enclosed Article | s of Amendment and fee are st | abmitted for filing. | | | |
| Please return all corr | espondence concerning this ma | atter to the following: | | | |
| | ALAN M. STEIN | | | | |
| | | Name of Contact Perso | n | | |
| | ALAN M. STEIN ACCOUNTING & TAX SERVICE, INC. | | | | |
| | | Firm/ Company | | | |
| 3930 STATE ROAD 64 EAST | | | | | |
| | | Address | | | |
| | BRADENTON, FL 34208 | | | | |
| | | City/ State and Zip Cod | e | | |
| ST | ENACCOUNTING@YAHOO | D.COM | | | |
| · - | E-mail address: (to be u | sed for future annual report | notification) | | |
| For further informati | on concerning this matter, plea | se call: | | | |
| ALAN M. STEIN | | at (| 749-5364 | | |
| Name | of Contact Person | Area Co | de & Daytime Telephone Number | | |
| Enclosed is a check t | or the following amount made | payable to the Florida Depa | irtment of State: | | |
| 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) | | |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | Amend Divisio Clifton | Address Iment Section on of Corporations Building xecutive Center Circle | | |

Tallahassee, Fl. 32301

Articles of Amendment to Articles of Incorporation of

| INFORMATION TECHNOLOGY SOLUTIO | NS GROUP, INC. | |
|---|---|------------------|
| (Name of Cor | poration as currently filed with the Florida Dept. of State) | 0(7) |
| P05000066175 | | 100 CT 2 |
| (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the follo its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name mi word "chartered," "professional association," or the abbreviation "P.A." 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) | | |
| | Florida Statutes, this Florida Profit Corporation adopts the foll | owing americaner |
| A. If amending name, enter the new name of | the corporation: | |
| | | The new |
| "Corp.," "Inc.," or Co.," or the designation | "Corp," "Inc," or "Co". A professional corporation name n | he abbreviation |
| | | |
| | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) | CE BOX) | |
| D. If amending the registered egent and/or a | | |
| new registered agent and/or the new regis | stered office address: | |
| Name of New Registered Agent | | |
| | | |
| | (Florida street address) | |
| New Registered Office Address: | , Florida | |
| | · · | (Zip Code) |
| : | | |
| New Registered Agent's Signature, if changir I hereby accept the appointment as registered a | ng Registered Agent: gent. I am familiar with and accept the obligations of the positi | ion. |
| | | |
| | Signature of New Registered Agent, 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.

| X Change | PT | John Do | <u>oe</u> | | |
|-------------------------------|--------------|-------------|-------------|-----------------------|--|
| X Remove | <u>V</u> | Mike Jones | | | |
| X Add | <u>SV</u> | Sally Smith | | | |
| Type of Action (Check One) | <u>Title</u> | | <u>Name</u> | <u>Addres</u> s | |
| 1) Change | CFO | _ | MARY HEBERT | 9721 65TH AVENUE EAST | |
| X Add | | | | BRADENTON, FL 34202 | |
| Remove | | | | | |
| 2) Change | | _ | | | |
| Add | | | | | |
| Remove | | | | | |
| 3)Change | | | | | |
| Add | | | | | |
| Remove | | | | | |
| 4) Change | | _ | | | |
| Add | | | | | |
| Remove | | | | | |
| 5) Change | | | | | |
| Add | | | | | |
| Remove | | | | | |
| 6) Change | | | | | |
| Add | | | | | |
| Damous | | | | | |

| If amending or adding additional Art Attach additional sheets, if necessary). | (Be specific) |
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| provisions for implementing the ame | hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself: |
| (if not applicable, indicate N/A) | |
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| The date of each amendment(s) adoption: | than the |
|--|-----------|
| date this document was signed. | ` |
| Effective date if applicable: | |
| (no more than 90 days after 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 document's effective date on the Department of State's records. | ed as the |
| Adoption of Amendment(s) (CHECK ONE) | |
| The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. | |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): | |
| "The number of votes cast for the amendment(s) was/were sufficient for approval | |
| · by" (voting group) | |
| (voting group) | |
| The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. | |
| ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. | |
| Dated_NOVEMBER 12, Z019 | |
| Signature Sa L/Lihr | |
| (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) | |
| GARY L. HEBERT | |
| (Typed or printed name of person signing) | |
| PRESIDENT | |
| (Title of person signing) | , |