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UE/20/17: U1020 --017 \*\*35.00

2000 TT 2017

#### **COVER LETTER**

NAME OF CORPORATION: Services For DOCUMENT NUMBER: POSOO128074				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Angela Connolly Name of Contact Person  Secrenity Reporting Services Inc  Firm/Company				
1990 SW Guernsey Street				
PORT St. Lucie FL 34987 City/ State and Zip Code				
Belenity Da Quanto. Com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Angela Connolly at (954) 599-3353  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:

□S43.75 Filing Fee &

Certificate of Status

## Mailing Address

\$35 Filing Fee

TO: Amendment Section

Division of Corporations

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## Street Address

□\$43.75 Filing Fee &

(Additional copy is

Certified Copy

enclosed)

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

□\$52.50 Filing Fee

Certified Copy

(Additional Copy is enclosed)

Certificate of Status

#### Articles of Amendment

to

# Articles of Incorporation

of
Sevenity Reporting Services, Inc. (Name of Corporation as currently filed with the Florida Dept. of State)
P05000128074
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
NIA
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation
"Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name must contain the
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)
(Mailing address MAT BE A POST OFFICE BOX)
D. If amending the registered agent and/or registered office address in Florida, enter the name of the
new registered agent and/or the new registered office address:
Name of New Registered Agent Hagela Connolly
1990 SW GUCCOSU Street Popt Stilucie Fl
1990 SW Gue (Dsy Street Port St. Lucke, FL (Florida street address)
New Registered Office Address:, Florida

New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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.

Example: X Change	<u>PT</u>	John D	<u>oe</u>	
X Remove	<u>V</u>	Mike J	<u>ones</u>	
X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	P		Angela Campanel	la 1990 SW Guernsey St
Add				Post St Lucie, F134987
Remove				
2) Change Add	P	_	Angela Connolly	1990 SW Guernsey St. Port St. Lucie, FC 34987
Remove				<del></del>
3 ) Change		_		
Add				
Remove				
4) Change				<del></del>
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

Auach aaamonal s	ding additional Articles, en heets, if necessary). (Be sp	vecific)		
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	<del></del>			
provisions for im	provides for an exchange, replementing the amendment while, indicate N/A)	eclassification, or can if not contained in th	ncellation of issued sho ne amendment itself;	ares.
	1.34			
·				

The date of each amendment(s) adop	tion:	, if other 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 bloc document's effective date on the Depar		ory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopte by the shareholders was/were suffic		votes cast for the amendment(s)
☐ The amendment(s) was/were approvious the separately provided for each	ed by the shareholders through voting h voting group entitled to vote separa	groups. The following statement tely on the amendment(s):
"The number of votes east for	the amendment(s) was/were sufficient	for approval
by	(voting group)	**
	(voting group)	
☐ The amendment(s) was/were adopte action was not required.	d by the board of directors without sha	reholder action and shareholder
The amendment(s) was/were adopte action was not required.	d by the incorporators without shareho	lder action and shareholder
Dated C	3/17	
selected, b	tor, president or other officer – if directly an incorporator – if in the hands of a fiduciary by that fiduciary)	
аррописи		<b>.</b>
_	(Typed or printed name of per	rson signing)
	President	
	(Title of person si	gning)