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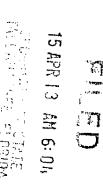
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	ilina Officer	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: SMART SYSTEMS GROUP INC.

DOCUMENT NUMBER. P05000140504

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVID STEINFELD

Name of Contact Person

B&S ACCOUNTING & TAX SERVICE LLC

Firm/ Company

4720 SALISBURY RD STE 229

Address

JACKSONVILLE, FLORIDA 32256

City/ State and Zip Code

brotherandsisteraccounting@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Steinfeld

..904

493-6481

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

□\$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 Street Address

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

Articles of Amendment to **Articles of Incorporation** of

SMART SYTEMS GROUP INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P05000140504

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to

ord "chartered," "professional association." or		," "company," or "incorporated" or the a co". A professional corporation name must P.A."	
Enter new principal office address, if applic	able:	4720 SALISBURY R	
rincipal office address <u>MUST BE A STREET</u>	<u>ADDRESS</u>)	STE 203	
		JACKSONVILLE, FL. 32256	
Enter new mailing address, if applicable		PO BOX 551467	
	BOX)		
(Mailing address <u>MAY BE A POST OFFICE</u>		JACKSONVILLE, FL. 32255-1467	
(Mailing address <u>MAY BE A POST OFFICE</u>	istered office addre		
(Mailing address MAY BE A POST OFFICE If amending the registered agent and/or reg new registered agent and/or the new registered	istered office addre red office address:	ess in Florida, enter the name of the	
(Mailing address MAY BE A POST OFFICE If amending the registered agent and/or reg new registered agent and/or the new registered	istered office addre	ess in Florida, enter the name of the	

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 <math>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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add Remove			
2) Change			
Add			
Remove 3) Change			
Add		-	
Remove			
4) Change			
Add Remove			
5) Change			
Add			
Remove			
6) Change			
Add			**************************************
Remove			

ttach aa	lditional sheel	z additional A ts. if necessary). (Be spe	cific)				
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an ame	endment prov	ides for an ex	change, rec	lassification	, or cancel	ation of iss	ued shares,	i
(if n	ot applicable.	indicate N/A)	<u>nenument n</u>	not contain	itu ili tilt k		<u>Itaciii</u>	
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The date of each amendment(s) adoption: 04/01/2015	, if other than the
date this document was signed.		
Effective date if applicable:	04/01/2015	<u> </u>
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were by the shareholders was/were	e adopted by the shareholders. The number of votes east for the amendment(s) re 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):	
	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were action was not required	e adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
Dated	4/02/15	
sel	or director, president or other officer – if directors or officers have not been seled, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	_
	BRET BOBECK	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	