P06000023136

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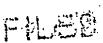
COVER LETTER

Division of Corporations NAME OF CORPORATION: ____ ITISTIC. INC. DOCUMENT NUMBER: P06000023136 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: EDU STUIVENBERG Name of Contact Person ITISTIC, INC. Firm/ Company 3030 Starkey Blvd., Suite 177 Address **NEW PORT RICHEY, FL 34655** City/ State and Zip Code edu@statistically.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (877) 484-7842

Area Code & Daytime Telephone Number **EDU STUIVENBERG** Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filling Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment



	Articles of Incorpo of	ration	FILE	
(<u>Name c</u>	Corporation as currently files	d with the Florida	+++· 7 / -/	&5
	(Document Number of Corp	oration (if known)		<u> </u>
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006. Florida Statutes, this <i>Florid</i>	da Profit Corporat	tion adopts the following	amendment(s) to
A. If amending name, enter the new na	me of the corporation:			
				The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp." "Inc." or "Co".	A professional co		
B. Enter new principal office address, (Principal office address MUST BE A S				
				
Z	_			
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)			· · · · · · · · · · · · · · · · · · ·	
	_		<u>. </u>	
				
D. If amending the registered agent an new registered agent and/or the new		ı Florida, enter th	e name of the	
Name of New Registered Agent	Edu Stuivenberg			
	3030 Starkey Blvd., Suit	te 177		
	(Florida street ad	dress)		
New Registered Office Address:	New Port Richey		34655 , Florida	
	(City)		(Zip (lode)
New Registered Agent's Signature, if cl I hereby accept the appointment as regist		nd accept the oblig	gations of the position.	
	Edu Stuive			
	Signature of New Registe	ered Agent, if chan		

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 Doe	
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	D	SHAWN C BERG	3030 Starkey Blvd.
Add			Suite 177
X Remove			NEW PORT RICHEY, FL 34655
2) Change	D	JACKIE CULLEN	3030 Starkey Blvd.
Add			Suite 177
X Remove			NEW PORT RICHEY, FL 34655
3 Change		_	
Add			
Remove			
4) Change			
Add			
Remove			-
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach <i>addit</i>	ional sheets, if necessary).	(Be specific)			
			<u> </u>		
			· · ·	-	
				·	
_					
provisions	ment provides for an excha for implementing the amen applicable, indicate N/A)	inge, reclassificat dment if not cont	ion, or cancellati ained in the ame	on of issued shares adment itself:	<u>.</u>

The date of each amendment(s) adoption:
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.
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)
 □ 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
(By a offection of the 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)
EDU STUIVENBERG
(Typed or printed name of person signing)
Director
(Title of person signing)

the

the