P08000047239

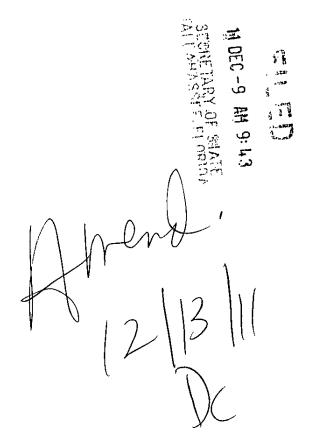
(Rec	questor's Name)	
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COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORA	TION: Geomatics Service	es Inc.	
DOCUMENT NUMBE	R: <u>P08000047239</u>		
The enclosed Articles of	Amendment and fee are su	abmitted for filing.	
Please return all correspo	ondence concerning this ma	atter to the following:	
<u>Tiffany</u>	L. Owen	ame of Contact Person	
		ame of Contact Person	
Geoma	tics Services Inc.	Firm/ Company	
2017 (1	W.O	comp. <u></u> .y	
3815 8	W Savoy Drive	Address	
Palm C	ity, FL 34990	ty/ State and Zip Code	
	Ci	ty/ State and Zip Code	
towen@	usegsi.com E-mail address: (to be us	sed for future annual report	notification)
For further information c	oncerning this matter, plea	se cail:	
Tiffany L. Owen		at (772) 419-8383
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for the	ne following amount made	payable to the Florida Depa	artment of State:
\$35 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

	Articles of Amendment			
• 1 1	to		0 00 Jak	
	Articles of Incorporation		700	, E
	of			- 1828
			F. C. 1	e
Geomatics Services Inc.			<u> </u>	147
(Name of Corporation as curren	tly filed with the Florida	Dept. of State)	3.5%	
D0000047770			THO THE	المرسية
P08000047239	CO			
(Document Numb	er of Corporation (if know	11)	Q 44 E	ب ر
Pursuant to the provisions of section 607.1006,	, Florida Statutes, this Flo	orida Profit Corporation	adopts the following	
mendment(s) to its Articles of Incorporation:			. w 190	
A If any abine name and a the name and a	the comparations			
A. If amending name, enter the new name of t	ine corporation:			
The new name must be distinguishable and conta	ain the word "corporation,	" "company," or "incorp	orated" or the	
abbreviation "Corp.," "Inc.," or Co.," or the a			al corporation	
name must contain the word "chartered," "profe	essional association," or th	he abbreviation "P.A."		
N T 4				
B. Enter new principal office address, if applie				
Principal office address <u>MUST BE A STREET</u>	ADDKESS)			
			-	
	a. 1. 17		 	
C. Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	E BOX)			
7744116 4444 COS 14111 DE 711 OST OTT TO	<u> </u>			
			 	
D. If amending the registered agent and/or re-	gistered office address in	Florida, enter the name	of the	
new registered agent and/or the new registe				
Name of New Registered Agent:				
	(F) . 1			
	(Florida street addr	ess)		
Non Boristoned Office Address		, Florida		
New Registered Office Address:	(City)	, Fiorica	(Zip Code)	
	(Chy)		(Zip Code)	
New Registered Agent's Signature, if changing	Registered Agent:			
hereby accept the appointment as registered ago	ent. I am familiar with an	d accept the obligations o	f the position.	
, , , , , , , , , , , , , , , , , , , ,	•	. 5	•	
		<u> </u>		
Signature	of New Registered Agent, i	f changing		

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an

additional sheet.)

Title(s)		<u>Name</u>	•	Address	
1) P/D		Michael T. Owen	 -	3815 SW Savoy Drive Palm City, FL 34990	-
2) V/S/D		Tiffany L. Owen	•	3815 SW Savoy Drive Palm City, FL 34990	- - -
3) <u>V</u>		Roderick J. Kennedy		1934 Tucker Court Ft. Pierce, FL 34950	_
4)			· · · · · · · · · · · · · · · · · · ·		-
5)					_ _
6)					_
<u>if REMOVI</u>	NG an offic	er and/or director, please list	the title(s) and	name of the officer/director to be remov	_ <u>/ed:</u>
Title(s)	Name		Title(s)	Name	
1)			4)		
2)			5)		_
3)			6)		

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If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
	
D 1 7 2011	
he date of each amendment(s) adoption: December 7, 2011	
ffective date if applicable: December 7, 2011 (no more than 90 days after amendment file date)	
(no more than 90 days after amenament fite date)	
doption 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 statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
by" (voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required.	ler
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated December 7, 2011	
4.11	
Signature Lillary L. Owen	
(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 cou	ırt
appointed fiduciary by that fiduciary)	
TW	
Tiffany L. Owen (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
Vice President/Secretary	
(Title of person signing)	