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DIVISION OF CORPORATIONS

C. Lewi, 514

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: INTELIOP						
DOCUMENT NUMBER: P08000053342							
	of Amendment and fee are su						
Please return all corre	spondence concerning this mat	tter to the following:					
	Piotr Panko						
		Name of Contact Person	l				
	InteliOPT						
		Firm/ Company					
	16413 TURNBUR	RY OAK DR					
		Address					
	ODESSA, FL 335	556					
		City/ State and Zip Code					
ppa	anko@inteliopt.co						
	E-mail address: (to be us	sed for future annual report	notification)				
For further informatio	n concerning this matter, pleas	se caii:					
Piotr Panko		_{at (} 813	_ _{_)} 781-4138				
Name	of Contact Person	Area Co	de & 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)				
Ma	iling Address	Street	Address				
	endment Section	Amendment Section					
Div	ision of Corporations	Division of Corporations					
· · ·	. Box 6327	Clifton Building					
Tall	lahassee, FL 32314	2661 Executive Center Circle					
		Tallaha	issee, FL 32301				

Articles of Amendment to Articles of Incorporation of



14 OCT 22 PM 1: 12

INTELIOPI, Inc.	<u>,, </u>	· · · · · · · · · · · · · · · · · · ·		-
(Namé of Corporation as currentl	ly filed with the Flor	rida Dept. of State)		
P08000053342	6.63 4 4.61			•
(Document Number	r of Corporation (if k	nown)		
Pursuant to the provisions of section 607.1006, Flo its Articles of Incorporation:	orida Statutes, this FI	orida Profit Corporati	on adopts the following	g amendment(s) to
A. If amending name, enter the new name of the	e corporation:			
				_The new
name must be distinguishable and contain the v "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or	orp," "Inc," or "Co	o". A professional co	corporated" or the au rporation name must o	bbreviation contain the
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A	able: 1 <i>DDRESS</i>)			
				-
				-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<i>BOX</i>)			_
				•
 If amending the registered agent and/or registered agent and/or the new register 		s in Florida, enter th	e name of the	
Name of New Registered Agent				
	(Florida stree	t address)		
New Registered Office Address:		, Flo	orida	-
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing			mai aura afaha manidi au	
I hereby accept the appointment as registered ager	nı. 1 am jamınar wii	n una accepi ine oblig	auons oj ine position.	
Signatura	of New Registered Ag	ent 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 <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	<u>s</u>	
X Add	<u>sv</u>	Sally Smit	<u>h</u>	
Type of Action (Check One)	<u>Title</u>	<u>N</u>	lame	<u>Addres</u> s
1) Change	С	_ 5	SYLWIA PANKO	16413 TURNBURY OAK DR
Add				ODESSA, FL 33556
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

Att	ach <i>additional sh</i>	eets, if necessary).	(Be specific	hange(s) here:		
						
					,	
<u>f a</u>	ovisions for imp	rovides for an exc dementing the am ble, indicate N/A)	hange, reclassendment if no	sification, or ca of contained in t	ncellation of issy he amendment i	<u>ied shares,</u> tself:
					, , , ,	
	* ***					
_						

	SECRETARY OF STATE ONLY STORE TO STATE ONLY STORE THE STATE	
The date of each amendment(s) adopt	ion: JIVISIUM OF CORPONATIONS	, if other than the
date this document was signed. Effective date if applicable:	14 OCT 22 PH 1: 12	
	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were suffici	by the shareholders. The number of votes cast for the amendment(s) ent for approval.	
	ed by the shareholders through voting groups. The following statement by voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for t	he amendment(s) was/were sufficient for approval	
by		
•	(voting group)	
action was not required.	by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder	
Dated_10/20/2014		
Signature		
(By a direct selected, by	or, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court iduciary by that fiduciary)	-
PIC	OTR PANKO	
	(Typed or printed name of person signing)	_
PR	ESIDENT	_
	(Title of person signing)	

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