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SECRETARY OF STATE TALLAHASSEE, FLORIDI

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COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: Diligence Solutions INC. DOCUMENT NUMBER: <u>\$6800054383</u> The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person Address Address Boca Raton, FZ 33428
City/ State and Zip Code <u>I belormier @ diligence Solutions inc.</u> Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person at (561) 926 - 2031

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 & **■\$43.75** Filing Fee & ■ \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



| Diligence Solutions INC |
|--|
| (Name of Corporation as currently filed with the Florida Dept. of State) |
| P08000054383 |
| (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: |
| The new |
| 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) D. C. T. 22412 |
| Boca Ration, FL 33428 |
| |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 20423 State Rte 7, 8te F-6#358 |
| BOCA RATON, FL 33498 |
| 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: Teanue Delormier |
| New Registered Office Address: (Florida street address) |
| Boca Raton, Florida 3342P (City) (Zip Code) |
| New Registered Agent's Signature, if changing Registered Agent: |
| I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. |

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)

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|------------------|--|------------------------|-----------------------|
| YP_ | Sharon A. Licamara | Deer Field Beach FC 33 | Add Remove |
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| | ng or adding additional Articles, entitional sheets, if necessary). (Be specified) | | |
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| <u>provision</u> | ndment provides for an exchange, Is for implementing the amendment applicable, indicate N/A) | | |
| Sharun | A. Licamara re | Assigns All her | shaves |
| | corporation to I | - | |
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| The date of each amendment(s) | adoption: 09-15-2009 |
|---|--|
| . · · | (date of adoption is required) |
| Effective date <u>if applicable</u> : | no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/were aby the shareholders was/were | adopted by the shareholders. The number of votes cast for the amendment(s) 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): |
| "The number of votes cas | st for the amendment(s) was/were sufficient for approval |
| by | voting group) |
| action was not required. | adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder |
| Signature (By a select | anector, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary) |
| • | Teanne DeLormier (Typed or printed name of person signing) President |
| • | (Title of person signing) |