# PD80000000935

(Re	equestor's Name)		
(Ad	ldress)		
(Ad	idress)		
(Cit	ty/State/Zip/Phone	e #)	
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(Bu	ısiness Entity Nar	me)	
(Document Number)			
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SECRETARY OF STATE
TALLAHASSEE. FLORIDA

1 ame ch 8 (a) 5/19/10

#### **COVER LETTER**

' TO: Amendment Section Division of Corporations

NAME OF CORP	RPORATION:Open Source Escrow Inc.				
DOCUMENT NU	MBER:	50000070005			
The enclosed Article	les of Amendment and fee are	re submitted for filing.			
Please return all con	rrespondence concerning this	s matter to the following:			
-	Nar	Robert Lee ame of Contact Person			
-	Open	Source Escrow Inc.			
	Firm/ Company				
_	2700 10th st W				
		Address			
	Pal	almetto FL, 34221			
<del>-</del>	City	ty/ State and Zip Code			
	rob@hirec E-mail address: (to be used	edgunsoftware.net I for future annual report notification)			
For further informa	tion concerning this matter, p	please call:			
N	Robert Lee	at ( 941 ) 803-8483  Area Code & Daytime Telephone Number			
Enclosed is a check	for the following amount ma	ade payable to the Florida Department of State:			
\$35 Filing Fee		☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is en	nclosed)		
Mailing Ad Amendment Division of P.O. Box 63 Tallahassee,	t Section Corporations 227	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

### **Articles of Amendment Articles of Incorporation** of

## Open Source Escrow Inc.

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

P080	000070935	
(Document Num	ber of Corporation (if know	(n)
Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:	5, Florida Statutes, this Flo	orida Profit Corporation adopts the follo
A. If amending name, enter the new name of	the corporation:	
Hired Gu	n Technology Inc.	The new
name must be distinguishable and contain t abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "proj	designation "Corp," "Inc,	"company," or "incorporated" or the or "Co". A professional corporation
B. Enter new principal office address, if apple (Principal office address MUST BE A STREE		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		
D. If amending the registered agent and/or remew registered agent and/or the new regis		Florida, enter the name of the
Name of New Registered Agent:	<del> </del>	
New Registered Office Address:	(Florida street ad	Idress)
_		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agent's Signature, if changing I hereby accept the appointment as registered agent's Signature, if changing I hereby accept the appointment as registered agent's Signature, if changing I hereby accept the appointment as registered agent's Signature, if changing I hereby accept the appointment as registered agent's Signature, if changing I hereby accept the appointment as registered agent's Signature, if changing I hereby accept the appointment as registered agent's Signature, if changing I hereby accept the appointment as registered agent's Signature, if changing I hereby accept the appointment as registered agent's Signature, if changing I hereby accept the appointment as registered agent's Signature, if changing I hereby accept the appointment as registered agent's Signature, if changing I hereby accept the appointment as registered agent's Signature, if changing I hereby accept the appointment as registered agent's Signature, if changing I hereby accept the appointment as registered agent's Signature, if changing I hereby accept the appointment as registered agent's Signature, if changing I hereby accept the appointment as registered agent's Signature, if changing I hereby accept the appointment as registered agent's Signature, if changing I hereby accept the appointment as a signature and the appoin		

## 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) Title <u>Name</u> Address **Type of Action** ☐ Add ☐ Remove \_\_\_ 🗆 Add □ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. 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)

The date of each amendmen	
Effective date <u>if applicable</u> :	5/1/2010 (date of adoption is required)
Effective date <u>in application</u> .	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(street sufficient for approval.
	ere approved by the shareholders through voting groups. The following statemed and for each voting group entitled to vote separately on the amendment(s):
"The number of votes	s cast for the amendment(s) was/were sufficient for approval
by	.,,
	(voting group)
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholde
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated_ 5/14	1/2010
Signature _	Plu-
sel	y a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	Robert Lee
	(Typed or printed name of person signing)
	President
•	(Title of person signing)