P09000026297

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| . (Ad | ldress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (Bu | isiness Entity Nar | ne) |
| | | |
| (Do | ocument Number) | |
| Certified Copies | Certificate: | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORID,

C.COULLIETTE

MAY 15 2009

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF CORI | PORATION: | Konsoleworx Inc | С. |
|--------------------------|--|---|--|
| DOCUMENT NU | MBER: | P090000262 | 97 |
| The enclosed Artic | eles of Amendment and fee a | re submitted for filing. | |
| Please return all co | orrespondence concerning thi | s matter to the following: | |
| | | Scott Faunce | · |
| | N | ame of Contact Person | |
| | <u> </u> | Consoleworx Inc. | |
| | | Firm/ Company | |
| | 20031 | Barletta Lane #2324 | |
| | | Address | |
| | · | Estero, FL 33928 | |
| | | ity/ State and Zip Code | |
| | | konsoleworx.com | |
| | E-mail address: (to be use | d for future annual report notificati | on) |
| For further inform | ation concerning this matter, | please call: | |
| | Scott Faunce | at (239) | 877-7953 |
| Name | e of Contact Person | Area Code & Daytin | ne Telephone Number |
| Enclosed is a chec | k for the following amount m | nade payable to the Florida D | epartment 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 Sed) Certified Copy (Additional Copy is enclosed) |
| Mailing A | <u>ddress</u> | Street Address | |
| Amendment Section | | Amendment Section | |
| Division of Corporations | | Division of Corporation | ns |
| P.O. Box 6327 | | Clifton Building | |
| Tallahasse | e FL 32314 | 2661 Executive Center | Circle |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

| Kons | oleworx Inc. | | |
|--|--|---|---------------------------------------|
| (Name of Corporation as curre | ntly filed with the Florida I | Dept. of State) | |
| P096 | 000026297 | | |
| (Document Num | ber of Corporation (if known |) | |
| Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation: | 5, Florida Statutes, this Florida | ida Profit Corporation ad | opts the following |
| A. If amending name, enter the new name of | the corporation: | | |
| name must be distinguishable and contain tabbreviation "Corp.," "Inc.," or Co.," or the | the word "corporation," "c designation "Corp," "Inc," | company," or "incorporal or "Co". A professional | The new ted" or the corporation |
| name must contain the word "chartered," "proj | | | |
| B. Enter new principal office address, if app (Principal office address MUST BE A STREE | | | _ |
| C. Futon now mailing address if applicable | | TALLAHA | DO NAY I |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) | <u>CE BOX</u>) | SSEE. FLOR | |
| D. If amending the registered agent and/or r | egistered office address in I | lorida, enter the name of | The |
| new registered agent and/or the new registered Agent: | stered office address: | | |
| New Registered Office Address: | (Florida street ada | dress) | |
| | | , Florida | |
| | (City) | (Zip Code) | |
| New Registered Agent's Signature, if changing I hereby accept the appointment as registered as | ng Registered Agent: ugent. I am familiar with and Signature of New Registered A | | he position. |

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> | Name | <u>Address</u> | Type of Action |
|--------------|-------------------------------------|--|--|
| D | Bryan Pickrell | 7250 Penzance Blvd. #712 Fort Myers, FL 33966 | _ |
| | | | _ |
| | | | _ |
| (attach ad | dditional sheets, if necessary). (1 | Be specific) | |
| | | | |
| | | | |
| provisi | | nge, reclassification, or cancellation of is ment if not contained in the amendment | |
| N/A | | | ······································ |
| | | | |
| | | | |
| | | | |

| The date of each amendment(s) adoption: May 07, 2009 | | |
|--|---|--|
| • Effective date <u>if applicable</u> : | May 07, 2009 | |
| , | (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(s) ere sufficient for approval. | |
| | ere approved by the shareholders through voting groups. The following statement ed 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/we action was not required. | ere adopted by the board of directors without shareholder action and shareholder | |
| The amendment(s) was/we action was not required. | ere adopted by the incorporators without shareholder action and shareholder | |
| Dated May | 06, 2009 | |
| sel | y a director, president of 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) | |
| | Scott Faunce | |
| | (Typed or printed name of person signing) | |
| | Chief Executive Officer | |
| | (Title of person signing) | |