P09000050394

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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06/18/12--01017--015 **35.00

Amend/MC



JUN 1 9 2012 T. ROBERTS

COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: The Flying Professor, Inc. DOCUMENT NUMBER: P09000050394 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **Sherry Magno** Name of Contact Person Firm/ Company 32535 Wolf Branch Lane Address Sorrento, FL 32776 City/ State and Zip Code sherry@af.tv E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305) 937-1040

Area Code & Daytime Telephone Number Susan Castonguay Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee **\$35** Filing Fee **□\$43.75** Filing Fee & □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) 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 32314 Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

	Articles of Incorporation		2
	of		1 -
The Flying Professor, Inc.		7.	をク
(Name of Corporation as curr	ently filed with the Florida Dept. o	of State)	o .
P09000050394		"SECAR-	AH 22, _
	nber of Corporation (if known)	ALL ALLAS	FRE 8.40
·	•		8 AM 8: 40
Pursuant to the provisions of section 607.1006, ts Articles of Incorporation:	Florida Statutes, this Florida Profit	Corporation adopts the follow	wing amerionient(s)
A. If amending name, enter the new name o	f the corporation:		
Digital Synergies, Inc.			The new
name must be distinguishable and contain t "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "Co". A profe		
3. Enter new principal office address, if app			
Principal office address <u>MUST BE A STREE</u>	T ADDRESS)		
			· · · · · · · ·
			· · · · ·
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI			
If amending the registered agent and/or new registered agent and/or the new registered.	registered office address in Florida stered office address:	, enter the name of the	
Name of New Registered Agent			
	(Florida street address)		
New_Registered Office Address:		, Florida	
New Registered Office Address.	(City)	(Zip Code)	
lew Registered Agent's Signature, if changi			
hereby accept the appointment as registered a		ot the obligations of the position	o n .
Signatur	ra of New Registered Agent if change	nina	

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 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	V Mike	: Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change Add Remove	<u>VP</u>	MICHAEL BLISS	32535 WOLF BRANCH LN SORRENTO, FL 32776
2) Change Add	<u>S</u>	SHERRY MAGNO	32535 LUDLE BRANCH LN SORRENTO, FL 32776
Remove 3) Change Add Remove	P	DONALD HARRINGT	TON 5NOSI WHITE THORNLN WAYNE, IL GOIST
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

amending or adding additional Arti ttach additional sheets, if necessary).	(Be specific)

an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
ovisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(y not applicable, thatcate WA)	,

The date of each amendment	adoption: 06/15/2012
Effective date if applicable:	06/15/2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/we	adopted by the shareholders. The number of votes cast for the amendment(s) e 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):
	ast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voling group)
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated	6/15/12 Shung Magno
Signature 🗹	Shing Magno
sel	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
	V SHERRY MAGNO (Typed or printed name of person signing)
	SECRETARY (Title of person signing)
	(Title of person signing)