2096000 94753

(Requestor's Name)
(Address)
(Address)
,
(ChulChan Fin Dhana 4)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certifica copies
Special Instructions to Filing Officer.

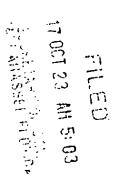
Office Use Only



800304774778

10/24/17--01012--026 **35.00

S TALLENT OCT 26 2017



Mond

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	ON:PO	INT OF LOSS SYSTEMS,	INC		
	OCUMENT NUMBER: P09000094753				
The enclosed Articles of Am	nendment and fee are su	bmitted for filing.			
Please return all corresponde	ence concerning this ma	tter to the following:			
		TRICIA LAWRENCE			
	Name of Contact Person				
	POI	NT OF LOSS SYSTEMS,	INC		
		Firm/ Company			
		400 B 8TH STREET			
		Address			
		HOLLY HILL, FL 3211	17		
		City/ State and Zip Cod	<u>. </u>		
		STACY.SBTS@CFL.RR.0	COM ×		
		sed for future annual report			
		,	,		
For further information conc	erning this matter, pleas	se call:			
ROBERT W. KIDD, CPA		at (386	672-6999		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for the f	ollowing amount made	payable to the Florida Depa	ortment of State:		
■ \$35 Filing Fee □	3843.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address			Address		
Amendme Division o	nt Section f Corporations		Iment Section on of Corporations		
P.O. Box 6			Building		
Tallahassee, FL 32314		2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

POINT OF LOSS SYSTEMS, INC.

(Name of Corporation as curre	ently filed with the Florida Dept. of State)
P09000	0094753
(Document Numbe	r of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	nis Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviatio	r "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	N/A
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	-
	77 77 77 77 77 77 77 77 77 77 77 77 77
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A TO
D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office addresses	
Name of New Registered Agent N/A	
(Florida	street address)
New Registered Office Address:	. Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	
Signature of Nev	w 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)

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>	<u>John Doe</u>	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	S	DYLAN BERNER	3438 LONGLEAF RD
X Add			ORMOND BEACH, FL 32117
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

(Attach	nding or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)
N/A	
	
F. Ifana	mendment provides for an exchange, reclassification, or cancellation of issued shares,
<u>provi</u>	sions for implementing the amendment if not contained in the amendment itself:
	if not applicable, indicate N/A)
N/A	
	

	9/21/2017	
The date of each amendment(s) a	doption:	, if other than the
date this document was signed.	0/01/15	
Effective date if applicable:	9/21/17	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, this date we epartment of State's records.	ill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement 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)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
X Dated 1	15.17	
XSignature <u></u> √√		
-	director, 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	
	sted fiduciary by that fiduciary)	
	TRICIA LAWRENCE	
	(Typed or printed name of person signing)	
	VICE PRESIDENT	
	(Title of person signing)	