P10000001337

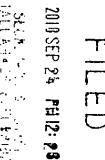
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Amend

SEP 2 6 2018 I ALBRITTON

COVER LETTER

TO: Amendment Section

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPORATION: AN POINT POS, INC. DOCUMENT NUMBER: P 1 000000 1337-
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Robert E. Turffs, Esquire Name of Contact Person Pobert E. Turffs, PA Firm/Company 1444 Frst Streed, Suite B Address Saucista, FL 3-1236 City/ State and Zip Code Liffs G amail wm E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (941) 453-4009 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

	VI
AL	LL POINT POS, INC.
(Name of Corporation	n as currently filed with the Florida Dept. of State)
P1	10000001337
(Documer	ent Number of Corporation (if known)
ursuant to the provisions of section 607.1006, Florida S s Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s
. If amending name, enter the new name of the corp	poration:
	The new
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
Enter new principal office address, if applicable:	
rincipal office address MUST BE A STREET ADDR	RESS)
Enton now mailing addrage if applicables	1 62 L
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	0 P
	<u> </u>
	
If amending the registered agent and/or registered	
new registered agent and/or the new registered of	mice address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida (City) (Zip Code)
	(City) (Lift Code)
ew Registered Agent's Signature, if changing Regist	stored Agent
	am familiar with and accept the obligations of the position.
Signati	ture of New 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	PT	John Doc	
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	$\overline{\mathcal{D}}$	Brian Palmer, CPA	5652 Marqueras Circh
Add			Sarasota, FL 34233
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add	<u></u>		
Remove			

Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
	
·	
If an amendment provides for an evel	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	·

The date of each amendment(s) adoption:	, if other than the
•	
Effective date <u>if applicable:</u> (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendme by the shareholders was/were sufficient for approval.	rnt(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following stat must be separately provided for each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	older
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 9 3 1 3018	
Signature 678-	
(By a director, president or other officer – if directors or officers have not be	ren
selected, by an incorporator - if in the hands of a receiver, trustee, or other c	ourt
appointed fiduciary by that fiduciary)	
POWE E TUFS (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
Director	
(Title of person signing)	

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