(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
<u> </u>				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				
EFFEÇTIVE DATE				
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: Payscape, inc.			
DOCUMENT NUMI				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	Robin J Wood			
		Name of Contact Persor	1	
	Payscape, Inc			
		Firm/ Company		
	1200 4th Street #586			
		Address		
	Key West, FL 33040			
		City/ State and Zip Code		
Robi	n@Robinjwood.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informatio	n concerning this matter, pleas	se call:		
Robin J Wood		at (_305	de & Daytime Telephone Number	
Name	of Contact Person	Агеа Со	de & Daytime Telephone Number	
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of	Corporation as curren	itly filed with the Florida Dept. o	f State)
P10000019295			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.19 its Articles of Incorporation:	006. Florida Statutes, thi	s Florida Profit Corporation adop	ets the following amendment(s) to
A. If amending name, enter the new name	ne of the corporation:		
Business Concierge Services, Inc.			The new
name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designa word "chartered," "professional associati	tion "Corp," "Inc," or	"Co". A professional corporation	
B. Enter new principal office address, if	annlicable:	1200 4th Street	
(Principal office address MUST BE A ST		#586	8
		Key West, FL 33040	100 Z
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1200 4th Street	NEC P
		#486	08: 08 08:0
		Key West, FL 33040	
D. If amending the registered agent and new registered agent and/or the new			of the
Name of Non-Populational Argent			
Name of New Registered Agent		 ;	
Name of New Registered Agent	1200 4th Street #586		
		street address)	
-			lorida

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	. или . л.н <u>РТ</u>	John Doe	
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>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach <i>add</i>	itional sheets	, if necessary).	icles, enter chan (Be specific)				
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lf an amar	idmant provi	des for an aval	nanna raelaecifi	cation, or cance	llation of issued	Lcharee	
nrovision	s for implem	enting the ame	ndment if not c	ontained in the	amendment itse	1 5114 (53, 16.	
(if no	i applicable i	indicate N/A)	nament it not c	Jitanica in the	umenoment nat		
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	adoption:	, if other than the
date this document was signed.		
S Effective date <u>if applicable</u> :	eptember 1, 2018	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this of 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 by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendmen sufficient for approval.	ı(s)
	approved by the shareholders through voting groups. The following states for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	······································	
-	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and sharehol	der
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
08.15.20 Dated	018	
sele	a director, president or other officer if directors or officers have not bee cted, by an incorporator – if in the hands of a receiver, trustee, or other co- pinted fiduciary by that fiduciary)	n urt
	Robin J Wood	
	(Typed or printed name of person signing)	
	President	<u>.</u>
	(Title of person signing)	