## P10000096758

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

Office Use Only



600180711206

03/14/12--01008--016 \*\*35.00



Amera

MAR 1 4 2012

T. LEWIS

## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: <u>Innovative Applications management</u>, Inc. DOCUMENT NUMBER: <u>P10000096758</u> The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (239) 776-8677

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P. Box 6327 Clifton Building Talkahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to

	Articles of Incorporation	on			
Tongetive	Applications	Margare	engent, I	-nc	
(Name of Corporation as currentl	y filed with the Florida De	pt. of State)	WYNI j	·//C•	
	P10000096	_			
(Document Number	of Corporation (if known)				
Pursuant to the provisions of section 607.1006, Flo its Articles of Incorporation:	rida Statutes, this <i>Florida P</i>	rofit Corporation ado	pts the following an	nendme	nt(s) to
A. If amending name, enter the new name of the	e corporation:				
	===		Th		
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or the contact of the contact	orp," "Inc," or "Co". A p				
B. Enter new principal office address, if applica					
(Principal office address <u>MUST BE A STREET A</u>	DDRESS)		20	=	
,				E E	44.00
~ · · · · · · · · · · · · · · · · · · ·			25.27	<del>20</del>	17
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<i>BOX</i> )		Ø12	ω To	1
				PH	
	<del></del>			3: 52	
				10	
D. If amending the registered agent and/or registered agent and/or the new registered.		rida, enter the name	of the		
Name of New Registered Agent					
	(Florida street address	)			
New Registered Office Address:		, Florida			
	(City)		(Zip Code)		
New Registered Agent's Signature, if changing F I hereby accept the appointment as registered agen		ccept the obligations o	f the position.		
Signature of	New Registered Agent, if ch	agnging			
Signature of	The register ou regern, if or	······································			

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>Jo</u>	hn Doe	
X Remove	<u>V</u> <u>M</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	ully Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add Remove	<u>P</u>	Christina Klaeis Agar	294 Grove Lane East 15th Au Way tata, mw 55391
2) Change Add Remove	<u>P</u>	Cassandra Agar	294 Grove Lanetast, Stello Wayzuta, MW 55391
3 ) Change Add Remove			
4) Change Add Remove		<del> </del>	
5) Change Add Remove			
6) Change Add Remove			

L. If amending or adding additional Artic (attach additional sheets, if necessary).	(Be specific)
a agreement of	
If an amendment provides for an exchat provisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:

The date of each a	mendment(s) adoption: 1/3///2
Effective date <u>if ap</u>	plicable:
	(no more than 90 days after amendment file date)
Adoption of Amen	dment(s) (CHECK ONE)
The amendment by the sharehold	(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) lers was/were sufficient for approval.
	(s) was/were approved by the shareholders through voting groups. The following statement ely provided for each voting group entitled to vote separately on the amendment(s):
"The numb	er of votes cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment( action was not re	s) was/were adopted by the board of directors without shareholder action and shareholder quired.
The amendment( action was not re	s) was/were adopted by the incorporators without shareholder action and shareholder quired.
D	ated
Si	gnature Christinia Klaurs
	(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Christma Klass (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	President, as last act (Title of person signing)
	(Title of person signing)