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R. WHITE NOV 0 8 2018 018 NOV -2 PM 12: 21

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: C2 Computer Ser	vices, Inc.		
DOCUMENT NUME	BER: P10000097386			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	spondence concerning this ma	tter to the following:		
	Craig Lojewski			
	·	Name of Contact Person		
	C2 Computer Services, Inc.			
		Firm/ Company		
	941 SW 69 AVENUE			
		Address		
	PLANTATION, FL 33317			
		City/ State and Zip Code		
craig(@c2csi.com			
	E-mail address: (to be us	sed for future annual report i	notification)	
For further information	n concerning this matter, pleas	se call:		
Craig Lojewski		954 at (_) 658-8464 le & Daytime Telephone Number	
Name o	of Contact Person	Area Cod	le & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the Florida Depar	rtment of State:	
☐ \$35 Filing Fee	☐S43.75 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, FI, 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

2018 NOV -2 PM 12: 26

C2 Computer Services, Inc.

SECRETION (Name of Corporation as currently filed with the Florida Dept. 66\$tate) | JACO P10000097386 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: 941 SW 69 AVENUE (Mailing address MAY BE A POST OFFICE BOX) PLANTATION, FL 33317 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Craig Lojewski Name of New Registered Agent 941 SW 69 AVENUE (Florida street address) PLANTATION New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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.

X Change	<u>PT</u> <u>John</u>	Doe	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
X Add	SV Sally	y Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	D/P	CHARLES HAK	5645 CORAL RIDGE DR #202
Add			CORAL SPRINGS, FL 33076
X Remove			
2) X Change	D/P/CE 0	CRAIG LOJEWSKI	5645 CORAL RIDGE DR #202
Add			CORAL SPRINGS, FL 33076
Remove			
3) Change	V/S	ROSE LOJEWSKI	5645 CORAL RIDGE DR #202
X Add			CORAL SPRINGS, FL 33076
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
()			
6) Change			
Add			-
Remove			

	ling or adding add dditional sheets, if	necessary).	(Be specific)				
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
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 dadocument's effective date on the Department of State's records.	ite will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.	s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	°ni
"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 shareholde action was not required.	er
■ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 11-2-18	
Dated	
(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 cour appointed tiduciary by that fiduciary)	1
Craig Lojewski	
(Typed or printed name of person signing)	
Director	

. . . ,

(Title of person signing)