P11000017050

(Requestor's Name)
(Address)
(Address)
(r. tad 1033)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(SSSAMON PAINDS)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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February 28, 2011

MOHAN N. PUNDARI CONVERSION COMMERCE, INC. 1900 ARROWHEAD DR N E SAINT PETERSBURG, FL 33703

SUBJECT: CONVERSION COMMERCE, INC.

Ref. Number: P11000017050

We have received your document for CONVERSION COMMERCE, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the title(s) of each officer in your document.

Show titles such as P,V,S,T, & D. Mr. is not an acceptable title.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 111A00004866



COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF COR	PORATION:	CONVERSION COMMERCE, INC.		
DOCUMENT NU	MBER:	P110000017050		
The enclosed Artic	cles of Amendment and fe	e are submitted for filing.		
Please return all co	orrespondence concerning	this matter to the following:		
	and the second s	Mohan N. Pundari		
		Name of Contact Person		
	CONVI	ERSION COMMERCE, INC.		
Firm/ Company		Firm/ Company		
	1900 Arrowhead Drive NE			
·		Address		
	nt Petersburg, FL 33703			
•	City/ State and Zip Code			
	E-mail address: (to be t	phan@phop.com used for future annual report notification)		
For further informa	ation concerning this matte	er, please call:		
Mo	ohan N. Pundari	at (727) 424-0169		
Name	of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check	for the following amount	t made payable to the Florida Department of State:		
\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	✓ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)		
Mailing Address		Street Address		
Amendment Section		Amendment Section		
Division of Corporations		Division of Corporations		
P.O. Box 6327		Clifton Building		
Tallahassee FL 32314		2661 Evecutive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

	of		
CONVERSIO	ON COMMERCE, IN	C. 44	LED
(Name of Corporation as cur		a Dent. of State)	APR 12 AM O. C.
P11	0000 ø 17050	SEC TALL	REPARY OF CTATE
	mber of Corporation (if kno	wn)	RETARY OF STATE MHASSEE, FLORID,
ursuant to the provisions of section 607.10 nendment(s) to its Articles of Incorporation:	06, Florida Statutes, this F		
If amending name, enter the new name	of the corporation:		
ı	PHOP, INC.		The new
ame must be distinguishable and contain breviation "Corp.," "Inc.," or Co.," or th ame must contain the word "chartered," "pr	e designation "Corp," "Inc	," or "Co". A professi	porated" or the
Enter new principal office address, if ap Principal office address MUST BE A STRE			
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)	e: ICE BOX)		
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF) If amending the registered agent and/or new registered agent and/or the new reg	registered office address in	Florida, enter the nam	ne of the
(Mailing address MAY BE A POST OFF) If amending the registered agent and/or	registered office address in	Florida, enter the nam	ne of the
(Mailing address MAY BE A POST OFF) If amending the registered agent and/or new registered agent and/or the new reg	registered office address in		ne of the
(Mailing address MAY BE A POST OFF) If amending the registered agent and/or new registered agent and/or the new reg Name of New Registered Agent:	registered office address in istered office address:		ne of the
(Mailing address MAY BE A POST OFF) If amending the registered agent and/or new registered agent and/or the new reg Name of New Registered Agent:	registered office address in istered office address:	ddress)	ne of the

Signature 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)

Title	Name	Address	Type of Action
<u>v</u>	Srikar Nagubandi	1900 Arrowhead Drive NE Saint Petersburg, FL 33703	_ ☑ Add _ ☐ Remove
			_
			_
(anach tuu	ditional sheets, if necessary). (Be spe	cuic)	
provision	endment provides for an exchange, reas for implementing the amendment in applicable, indicate N/A)	eclassification, or cancellation of is f not contained in the amendment	sued shares, itself:
	11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	AN TO MAKE 1	

The date of each amendmen	t(s) adoption: FEBURARY 23, 2011
Effective date if applicable:	FEBURARY 23, 2011
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
The amendment(s) was/we must be separately provide	ere approved by the shareholders through voting groups. The following statement and for 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/we action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder
Signature(By	ruary 23, 2011 A director, president or other officer – if directors or officers have not been
	ected, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
	Mohan N. Pundari
	(Typed or printed name of person signing)
	President President
	(Title of person signing)