P110000 28583

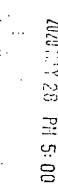
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: INTELETECH G	LOBAL INC	
	IBER: P11000028583		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	HARIPRIYA DONDAPATI		
•		Name of Contact Person	1
	INTELETECH GLOBAL IN	IC	
		Firm/ Company	
	409 MONTGOMERY ROAT	D STE 141	
		Address	
	ALTAMONTE SPRINGS, F	L 32714	
		City/ State and Zip Cod-	e
	E-mail address: (to be us	sed for future annual report	notification)
			· · · · · · · · · · · · · · · · · · ·
For further information	on concerning this matter, pleas	se call:	
HARIPRIYA DONE	DAPATI	at (678	431-4691
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	navable to the Florida Depa	irtment of State:
	□\$43.75 Filing Fee & Certificate of Status	M\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	
An Div P.C	illing Address tendment Section rision of Corporations D. Box 6327 lahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ussee, FL 32301

Articles of Amendment to Articles of Incorporation of

to

INTELETECH GLOBAL INC		
(Name of Corporation as current	ly filed with the Florida Dept. of State)	
P11000028583		
(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendmen	ıt(s)
A. If amending name, enter the new name of the corporation:		
	The new	
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the	
B. Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	020	
		١,
	15)	
C. Enter new mailing address, if applicable:	© ! —	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	P) 5: 00	_
	<u></u>	
	000	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address		
	u	
Name of New Registered Agent		
(Florida et	reet address)	
·	eet auw essy	
New Registered Office Address:	(City) , Florida, (Zip Code)	
	(city) [hip code)	
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.	
T. llanke	سر يُ	
Signature of New I	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	<u>PT</u>	John Doc	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) X Change	PT	HARPRIYA DONDAPATI	409 MONTGOMERY ROAD
Add			STE 141
Remove			Altamonte Springs, FL 32714
2) Change			
Add			
Remove			
3) Change	-		
Remove			
4) Change	,		
Add			
Remove			
5) Change			
Add			
Remove			
0 01			
6) Change	 ,		
Add			
Runove			

	r adding additional Ari nal sheets, if necessary).	(Be specific)			
				··	
					
•			-		·

				<u></u>	
f an amendm	ent provides for an exc	hange, reclassific	eation, or cancella	tion of issued shar	res,
provisions fo	r implementing the amo plicable, indicate N/A)	endment if not co	ntained in the am	endment itself:	
(ij nor up)	moune, maione may				
					··-
			·	-	
					

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	
(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) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendmen by the shareholders was/were sufficient for approval.	1(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following states must be separately provided for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	der
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature (By a director, president or other officer – if directors or officers have not bee selected, by an incorporator – if in the hands of a receiver, trustee, or other co appointed fiduciary by that fiduciary)	n urt
(Typed or printed name of person signing)	
(Title of person signing)	