P11000034857

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C. CAPROTHERS

SECRETARY OF STATE

COVER LETTER

TO: Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: Vital Sstems Integration, Inc. DOCUMENT NUMBER: P11000034857 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Nikki Will Name of Contact Person Vital Systems Integration, Inc. Firm/ Company 30798 US Highway 19 North Address Palm Harbor, FL 34684 City/ State and Zip Code Nikki@nexxtworks.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (727) 725-0400 x250

Area Code & Daytime Telephone Number Nikki Wills Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fec & \$52.50 Filing Fee □ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section Division of Corporations **Division of Corporations** Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

vital Systems integration, Inc.			
(Name of Corporation as curren	ntly filed with the Florida Dep	t. of State)	
P11000034857			
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	is Florida Profit Corporation a	dopts the following amendr	nent(s) to
A. If amending name, enter the new name of the corporation:			
NA ·		The no	ew
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "churtered," "professional association," or the abbreviation	"Co". A professional corpora	orated" or the abbreviation	on
B. Enter new principal office address, if applicable:	NA		~ 3
(Principal office address MUST BE A STREET ADDRESS)		33- G/ - 1 - 1 - 1	****
			7
		<u> </u>	د دريا 1 دريا
C. Enter new mailing address, if applicable:		200	ω
(Mailing address MAY BE A POST OFFICE BOX)	NA	711	
		95	4
		Service Contraction	-) (
D. If amonding the registered exect and/or registered effice ad	ldrace in Florida, antar the no	me of the	-
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre		int of the	
Name of New Registered Agent Nikki Wills			
Nume of New Registered Agent			
(Florida :	street address)		
30798 US Hwy 19, Palm	n Harbor	Florida 34684	
New Registered Office Address:	(City)	_, Florida(Zip Code)	-
New Registered Agent's Signature, if changing Registered Age	nt:	na of the position	
I hereby accept the appointment as registered agent. I am familia	}	ns of the position.	
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)

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	PT John	1 Doe	
X Remove	<u>V</u> <u>Mik</u>	c Jones	
X Add	SV Sall	y Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	P	Daniel Matta	30798 US Hwy 19
Add			Palm Harbor, FL 34684
XRemove			
2) Change	CEO	Richard Cartagena	30798 US Highway 19
xAdd			Palm Harbor, FL 34684
Remove			
3) Change	S	Nikki Wills	30798 US Highway 19
X Add			Palm Harbor, FL 34684
Remove			
4) Change	P	Russell Mali	30798 US Highway 19 North
x Add			Palm Harbor, FL 34684
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
NA	• • •
	<u> </u>
-	
F. If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A) NA	
IVA	

~	NA	
The date of each amendment(s date this document was signed.) adoption:	, if other than the
A	august 15, 2016	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Nicker to declarate the second		
document's effective date on the	is block does not meet the applicable statutory filing requirements, this 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 amendme sufficient for approval.	ent(s)
	approved by the shareholders through voting groups. The following stat for each voting group entitled to vote separately on the amendment(s):	ement
	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	older
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	,
Dated	8-M-16	
Signature	Roser	
(By	a director, president or other officer - if directors or officers have not be	
	cted, by an incorporator - if in the hands of a receiver, trustee, or other cointed fiduciary by that fiduciary)	court
	Russell Mall	_
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	